

MISSION: TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.



Community Health Needs Assessment and Implementation Plan **2022**

*The
Rehabilitation Institute*
OF ST. LOUIS

an affiliation of **BJC HealthCare** and **Encompass Health**

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Executive Summary

The Rehabilitation Institute of St. Louis (TRISL) is a joint-venture entity of BJC HealthCare and Encompass Health and affiliated with Washington University School of Medicine. TRISL is an inpatient rehabilitation facility comprised of 136 beds at two locations. The Central West End location is a 96-bed freestanding acute rehabilitation hospital in St. Louis City. The second location is a 40-bed satellite unit located on the third floor at Barnes-Jewish St. Peters Hospital in St. Charles County. Serving adult and geriatric patients, these hospitals provide physician services, physical therapy, occupational therapy, speech-language pathology, nursing, respiratory care, pharmacy and case management. Nutrition services, diagnostic testing, laboratory and dialysis are provided through contracted services. Since opening, TRISL also has established effective partnerships toward the goal of improving the health of the community. (See Appendix A for additional information)

Like all nonprofit hospitals, TRISL is required by the Patient Protection and Affordable Care Act (PPACA) to conduct a community health needs assessment (CHNA) and create an implementation plan every three years. TRISL completed its first CHNA and implementation plan in 2013 and again in 2016 and 2019. TRISL is required to conduct a CHNA because half of the entity is nonprofit (BJC HealthCare). Encompass Health is for profit and therefore not required to complete a CHNA. Reports were posted to the hospital's website to ensure easy access to the public.

As part of the CHNA process, each hospital is required to define its community. TRISL defined its community as St. Louis City, St. Louis County and St. Charles County. Once the community is defined, input must be solicited from those who represent the broad interests of the community served by the hospital, as well as those who have special knowledge and expertise in the area of public health. This process occurred in two phases.

In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. Due to COVID-19, BJC HealthCare, along with collaborative health system and hospital partners, conducted an online survey for the safety of community stakeholders. The survey provided stakeholders an opportunity to rank community health needs compiled by these partners.

During phase two, findings from the stakeholder survey were reviewed and analyzed by an internal hospital work group of clinical and non-clinical staff. Using multiple sources, including Conduent Healthy Communities Institute, a secondary data analysis was conducted to further assess the identified needs. This data analysis identified some unique health disparities and trends evident in St. Louis City, St. Louis County and St. Charles County when compared against data from the state of Missouri.

At the conclusion of the comprehensive assessment process, TRISL identified one health need where focus is most needed to improve the future health of the community it serves: 1) Stroke Education and Prevention. The analysis and conclusions will be presented and reviewed for approval by the TRISL Governing Body.

Community Description

GEOGRAPHY

TRISL is a member of BJC HealthCare, one of the largest, nonprofit health care organizations in the country. BJC HealthCare hospitals serve urban, suburban and rural communities through 14 hospitals and multiple community health locations primarily in the greater St. Louis, southern Illinois and mid-Missouri regions.

TRISL is located at 4455 Duncan Avenue in the Central West End of St. Louis City and has a satellite location in St. Charles County at 10 Hospital Drive in St. Peters, Missouri. For the purpose of this report, TRISL defined its community as St. Louis City, St. Charles County and St. Louis County. Because TRISL is a unique, single rehabilitation facility that serves these areas as well as St. Louis County and beyond, data from St. Louis County was also included. The majority of the available data to complete the CHNA compared these locations whenever possible as well as the state of Missouri.



St. Louis City



St. Louis County



St. Charles County

POPULATION

TABLE 1: BRIEF DEMOGRAPHIC OF ST. LOUIS CITY, ST. LOUIS COUNTY & ST. CHARLES COUNTY VS. MISSOURI

	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI
TOTAL POPULATION (2021) JULY 1, ESTIMATE	293,310	997,187	409,981	6,168,187
PERCENT POPULATION BY GENDER (2021)				
GENDER	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI
Female	51.5	52.5	50.9	50.9
Male	48.5	47.5	49.1	49.1
PERCENT POPULATION BY RACE/ETHNICITY (2020)				
RACE/ETHNICITY	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI
White, alone	46.4	67.4	88.9	82.6
White, not Hispanic or Latino	43.9	64.7	85.8	78.7
Black/African American	45.7	25.1	5.6	11.8
Asian, alone	3.4	4.9	2.9	2.2
Hispanic or Latino	4.1	3.1	0.1	4.7
Two or More Races	3.1	2.4	2.2	2.6
American Indian & Alaska Native	0.3	0.2	0.2	0.6
Native Hawaiian & other Pacific Islander	<0.1	<0.1	0.1	0.2
Foreign Born Persons	6.9	7.6	3.9	4.2

Population data are necessary to understand the health of the community and plan for future needs.

In 2021, St. Louis City reported a total population estimate of 293,310 compared to the state population of 6,168,187. When comparing 2010 to 2017, the population of the city declined 2.7 percent while the state population increased 2.1 percent.

St. Louis County reported a total population estimate of 997,187. When comparing 2010 to 2017, the county population declined 0.7 percent.

St. Charles County reported a total population estimate of 409,981. When comparing 2010 to 2017, the county population increased 1.2 percent.

INCOME

St. Louis City's median household income was \$45,782 (2016-2020), while the state median household income was \$57,290. Persons living below the poverty level in St. Louis City totaled 20.4 percent, while 13.7 percent of the state's population was living below the poverty level.

St. Louis County's median household income was \$67,420 (2016-2020). Persons living below the poverty level in St. Louis County totaled 9.1 percent.

St. Charles County's median household income totaled \$87,644 (2016-2020). Persons living below the poverty level in St. Charles County was 5.0 percent.

AGE

The age structure of a community is an important determinant of its health and the health services it will need. The distribution of the population across age groups was similar in St. Louis City, St. Louis County, St. Charles County compared to the state.

RACE AND ETHNICITY

In Missouri, 82.9 percent of people identified as White compared to 46.4 percent in St. Louis City, 67.4 percent in St. Louis County and 89.6 percent in St. Charles County. In the state, 11.8 percent of people identified as African American compared to 45.7 percent in St. Louis City, 25.0 percent in St. Louis County and 5.6 percent in St. Charles County.

EDUCATION

Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance or involved in crime. The Healthy People 2030 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in ninth grade to 90.7 percent.

In St. Louis City, 88.7 percent of the population ages 25 and older graduated from high school compared to 90.6 percent Missouri. In St. Louis County, 94.0 percent graduated from high school and in St. Charles County, 95.0 percent graduated from high school. (2016-2020)

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills and allows learning about a wide range of subjects, people, cultures and

communities. Having a degree also opens career opportunities in a variety of fields and is often the prerequisite for a higher-paying job. It is estimated that college graduates have about \$1 million more in lifetime earnings than their peers without college degrees.

In St. Louis City, 37.2 percent of the population ages 25 and older earned a bachelor's degree compared to 29.9 percent in Missouri (2013-2017). In St. Louis County, 44.4 percent earned a bachelor's degree, and in St. Charles County, 40.8 percent earned a bachelor's degree.

Additional demographic data is available in Appendix B.

Results of 2019 CHNA: Measurement and Outcomes Results

At the completion of the 2019 CHNA, TRISL identified Heart/Cardiovascular Diseases: Stroke and Brain Injury as the top priority health needs where focus was most needed to improve the health of the community served by the hospital. The following table details goals and objectives to address these community health needs. Due to COVID-19, the programs were placed on hold.

TABLE 2: THE REHABILITATION INSTITUTE OF ST. LOUIS 2019 CHNA OUTCOMES	
HEART/CARDIOVASCULAR DISEASES: STROKE	BRAIN INJURY
GOALS	GOALS
To promote stroke education and prevention	To prevent traumatic brain injury and increase the knowledge level of caregivers
OBJECTIVES	OBJECTIVES
At the end of each session, program participants' knowledge level will increase by 20 percent.	1. To increase brain injury prevention knowledge level by 15 percent at the end of each pre- and post-test among all ages in the community we serve. 2. To increase the knowledge level of those who provide care to brain-injured patients by 15 percent at the end of each educational session.
CURRENT STATUS	CURRENT STATUS
Due to Covid-19, the program was put on hold.	Due to COVID-19, the program was put on hold.

Conducting the 2022 CHNA

Primary Data Collection: Survey of Community Stakeholders

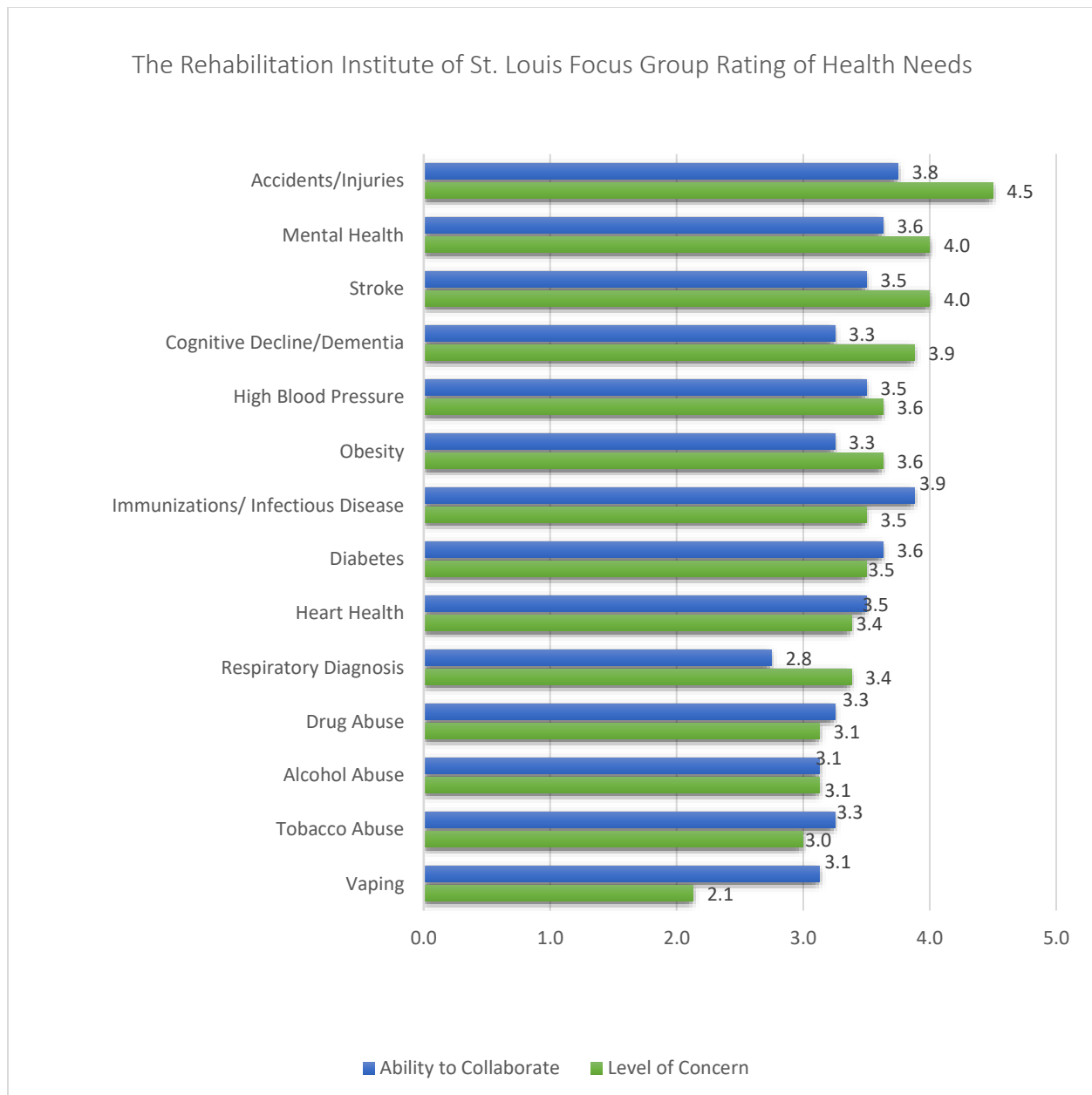
Due to COVID-19, BJC HealthCare, along with collaborative partners SSM Health; Mercy Hospital St. Louis and Mercy Hospital South; and the St. Luke's network of care, which includes St. Luke's Hospital and St. Luke's Des Peres Hospital, conducted online surveys for the safety of our employees and of our community stakeholders who represent the broad interests of the community served by each hospital and those with special knowledge or expertise in public health. In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. (See Appendix C for the Stakeholder Assessment Report and Appendix D for the list of Participating Community Stakeholders)

Summary: Stakeholder Key Findings

- Stakeholders identified accidents and injuries as being of greatest concern; stroke and mental health were also highly rated.
- Stakeholders noted that paying co-pays and deductibles and transportation/mobility as having the greatest impact on access to health services at TRISL. Insurance coverage was ranked third.
- Low-income populations were recognized as being at greatest risk for poor health outcomes for TRISL, followed by the homeless.
- Three social factors were identified as having the greatest impact on the communities served by TRISL: lack of transportation, lack of safe, affordable housing and poverty.
- There was strong agreement that the greatest impact of COVID-19 on area residents has been emotional: increased symptoms of anxiety and depression, along with loneliness and social isolation.
- Stakeholders identified several new areas of concern, including access to Multiple Sclerosis providers, drug usage, stroke incidence among older adults, a shortage of personal care attendants and transportation safety.
- TRISL stakeholders identified a variety of areas as being vulnerable and at-risk communities, including North St. Louis City, other parts of St. Louis and rural communities.

RATING OF NEEDS

Community stakeholders were given the list of community health needs compiled by survey partners using results from the previous CHNA. Stakeholders were directed to rank these needs on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate in addressing.



Accidents/injuries was rated the highest in terms of level of concern and the highest for ability to collaborate.

Secondary Data Summary

Based on the needs reviewed by community stakeholders (see graph on previous page), key areas were identified for a secondary data analysis. These represent the areas of greatest concern identified by the stakeholders.

The majority of the analysis was completed comparing St. Louis City, St. Louis County, St. Charles County and Missouri. In order to provide a comprehensive overview (analysis of disparity and trend) the most up-to-date secondary data from Conduent Healthy Communities Institute (HCI) was included for the needs listed below.

Conduent Healthy Communities Institute (HCI), an online dashboard of health indicators for St. Louis County, offers the ability to evaluate and track the information against state and national data and Healthy People 2020 and 2030 goals. Sources of data include the National Cancer Institute, Environmental Protection Agency, U.S. Census Bureau, U.S. Department of Education, and other national, state, and regional sources.

Other data sources included:

The Missouri Department of Health and Senior Services, Bureau of Vital Statistics provides a common means for users to access public health related data to assist in defining the health status and needs of Missourians.

The National Spinal Cord Injury Statistical Center (NSCISC) is funded by the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR) and is operated from the University of Alabama at Birmingham (UAB) Department of Physical Medicine and Rehabilitation. NSCISC supports and directs the collection, management and analysis of the world's largest and longest spinal cord injury research database.

Community Health Needs

- Diabetes
- High Blood Pressure
- Accidents/Injuries
- Stroke
- Falls
- Motor Vehicle Collisions
- Substance Abuse

A summary of the secondary data follows below. Additional secondary data is available in Appendix F. All mortality and incidence rates are per 100,000 population.

DIABETES

Diabetes is a leading cause of death in the U.S. This disease can have harmful effects on most of the organ systems in the human body. It is a frequent cause of end-stage renal disease, non-

traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for coronary heart disease, neuropathy and stroke. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population becomes older.

When comparing the prevalence rate of diabetes among adults ages 20 and older between 2015 and 2019, St. Louis City consistently had a higher rate compared to St. Louis County and St. Charles County. In 2019, the rate in St. Louis City was 10.6 percent compared to St. Louis County at 8.9 percent and St. Charles County at 8.7 percent.

HIGH BLOOD PRESSURE

High blood pressure is the No. 1 modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure and atherosclerosis. The higher the blood pressure, the greater the risk of heart attack, heart failure, stroke and kidney disease. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware they have the disease. It is particularly prevalent in African Americans, older adults, obese people, heavy drinkers, and women who take birth control pills.

Both St. Louis County (27.9 percent) and St. Charles County (27.4 percent) had lower prevalence rates of high blood pressure when compared to the state rate of 31.4 percent. St. Louis City had the highest rate at 34.5 percent.

ACCIDENTS/INJURIES

Injury is the leading cause of death for children and adults between the ages of 1 and 45, with 240,000 people dying as a result of violence and unintentional injuries each year. The total economic cost of fatal and nonfatal injuries in the United States in 2019 was \$4.2 trillion.

For the three-year period ending 2019, St. Louis City had a 302.6 percent higher rate of assault injury deaths when compared to the state rate (44.89 vs. 11.15) and St. Louis County had a 55.8 percent higher rate compared to the state rate (17.37 vs. 11.15). Firearm deaths for St. Louis City were 337.5 percent higher than the state rate (42.09 vs. 9.62) and St. Louis County had a 63.4 percent higher rate compared to the state rate (15.72 vs. 9.62). St. Charles County data was not available.

For the three-year period ending 2015, assault injury hospitalizations (per 10,000 population) was the highest in St. Louis City at 9.62 followed by St. Louis County at 2.78. St. Charles County had the lowest rate at 0.7. The state rate was 2.44.

For the three-year period ending 2015, St. Louis City had the highest rate of assault injury ER visits (per 10,000 population) of 6.86 compared to St. Louis County at 3.23 and St. Charles County at 1.71. The state rate was 3.43.

STROKE

Heart disease and stroke are among the most preventable diseases in the U.S., yet they are the most widespread and costly health conditions facing the nation today. Heart disease and stroke are the first and third leading causes of death for both women and men.

For 2018, St. Louis City (17.6 percent), St. Louis County (14.7 percent) and St. Charles County (5.9 percent) all had higher stroke prevalence rates among the Medicare population when compared to the state of 3.4.

For the five-year period ending 2015, St. Louis City, St. Louis County and St. Charles County all had higher rates of discharge to a rehabilitation facility after an acute stroke (ischemic and hemorrhagic) compared to the rate in the state.

For ischemic stroke, Missouri's discharge rate was 18.19 percent, while St. Louis City's rate was 27.49 percent, St. Louis County's rate was 24.3 percent and St. Charles County's rate was 21.13 percent. For hemorrhagic stroke the state rate was 19.83 percent, while St. Louis City's rate was 26.29 percent, St. Louis County's rate rate 24.57 percent and St. Charles County's rate was 22.91 percent.

FALLS

Many falls do not cause injuries. But one out of five falls does cause a serious injury, such as a broken bone or a head injury. These injuries can make it hard for a person to get around, do everyday activities, or live on their own.

- Falls can cause broken bones, like wrist, arm, ankle, and hip fractures.
- Falls can cause head injuries. These can be very serious, especially if the person is taking certain medicines like blood thinners. An older person who falls and hits their head should see their doctor right away to make sure they don't have a brain injury.

Many people who fall, even if they're not injured, become afraid of falling. This fear may cause a person to reduce their everyday activities. When a person is less active, they become weaker, and this increases their chances of falling.

For the 11-year period ending 2019, St. Charles County had a 104.9 percent higher rate of deaths due to falls compared to the state (20.26 vs. 9.89); St. Louis County's rate was 19.7 percent higher (11.81 vs. 9.89); while St. Louis City's rate was 25.6 lower (7.36 v. 9.89).

Motor vehicle collisions are the leading cause of death among people ages 5 through 34 in the U.S. Many more people are injured or disabled in motor vehicle accidents each year. In addition to negative health effects, motor vehicle collisions have significant economic impacts; the costs of medical care and productivity losses resulting from motor vehicle accidents are estimated at around \$100 billion per year.

For the five-year period ending 2019, St. Louis City's age-adjusted death rate due to motor vehicle collisions was similar to the state rate (15.2 vs. 15.4), but the rates in St. Louis County and St. Charles County were lower, 33.1 percent and 46.1 percent respectively.

SUBSTANCE ABUSE

The availability of county-level data on substance use is limited. National Survey on Drug Use and Health (NSDUH) and Centers for Disease Control and Prevention (CDC) PLACES are two data sources used to report data for adults at the regional and county-level. Alcohol is the most commonly used substance in Missouri adults. Cigarette use is of concern across the state.

Marijuana use in Missouri continues to be of interest, particularly with recent shifts in legality of adult use across the nation and medical marijuana sales in the state since October 2020.

Among those ages 18 and over for the three-year-period ending 2018, alcohol use in Eastern Missouri was 11.5 percent higher than the overall rate in the state. Cigarette use in Eastern Missouri was 14.5 percent lower than the rate in the state.

Internal Work Group Prioritization Meetings

TRISL chose three employees to participate on an internal CHNA work group to review the stakeholder report (See Appendix C) and prioritize the needs.

On July 14, 2022, the work group discussed the primary and secondary data and completed the priority ranking for the hospital's CHNA. The work group reviewed the purpose for the CHNA, role of the work group and goals for the project. The group reviewed the key findings from the 2019 CHNA report and the current findings from the 2022 community stakeholders (Table 3).

TABLE 3: LIST OF PRIMARY DATA RANKED BY COMMUNITY STAKEHOLDERS

Accidents/Injuries	Immunizations/Infectious Diseases
Alcohol Abuse	Mental Health
Cognitive Decline/Dementia	Obesity
Diabetes	Respiratory Diseases
Drug Abuse	Stroke Education Prevention
Heart Health	Tobacco Abuse
High Blood Pressure	Vaping

The work group agreed with the needs identified by the stakeholder group. The work group focused the majority of its discussion on mental health because the stakeholder survey ranked mental health as a top need. Therefore, the internal team felt the need to explore the possibility of addressing mental health even though it is a service TRISL does not provide. After thorough discussion, the work group concluded that because they do not have the resources to address mental health, they agreed to find a way to address this need. The work group acknowledged that mental health is linked to several health needs that they address, such as stroke, brain injury, etc. The group agreed to work in collaboration with other community organizations where they can refer patients to receive mental health care. The group also acknowledged a need for more collaboration with community organizations to address some of the needs on the list. The group acknowledged that even though they did provide vaccines to patients in the facilities, they can look into further collaborating with community organizations to address the immunization/infectious disease needs. While the work group acknowledged the desire to address all needs identified, the group selected the need they can impact the most, keeping in mind expertise and resources.

To prioritize the identified needs, the work group discussed the following questions:

- 1) Is there currently an internal program or process in place to address the need?
- 2) If yes, are there any enhancements we can make?
- 3) Do we have the resources to address the need?

4) What is our ability to impact the identified need? (high, moderate, low)

After these questions were answered, the group agreed to focus on stroke because there are several resources available at TRISL that work to educate the community and caregivers on stroke prevention. (The ranking in this case was done using process of elimination during the discussion.)

CONCLUSION

Based on its expertise and resources, TRISL identified one area to effectively address:

- Stroke Education and Prevention

Appendices

Appendix A: About the Rehabilitation Institute of St. Louis

The Rehabilitation Institute of St. Louis (TRISL) is a joint-venture entity of BJC HealthCare and Encompass Health and affiliated with Washington University School of Medicine. TRISL is an inpatient rehabilitation facility comprised of 136 beds at two locations. The Central West End location is a 96-bed freestanding acute rehabilitation hospital in St. Louis City. The second location is a 40-bed satellite unit located on the third floor at Barnes-Jewish St. Peters Hospital in St. Charles County. Serving adult and geriatric patients, these hospitals provide physician services, physical therapy, occupational therapy, speech-language pathology, nursing, respiratory care, pharmacy and case management. Nutrition services, diagnostic testing, laboratory and dialysis are provided through contracted services.

Individuals are treated by a physician-led interdisciplinary team to achieve the greatest potential for independence and return home. Conditions treated include:

- Amputations
- Parkinson's Disease
- Multiple Sclerosis
- Arthritis
- Brain Injury
- Multiple Trauma
- Hip Fractures
- Joint Replacement
- Burns
- Neurological Disorders
- Spinal Cord Injury
- Other Orthopedic Injuries/Conditions

The hospital complies with local, state and federal regulations and is accredited by The Joint Commission (TJC) and the Commission on Accreditation of Rehabilitation Facilities (CARF). Five programs have earned TJC Disease-Specific Certification: Amputee; Brain Injury; Spinal Cord Injury; Stroke; and Wound Care.

Appendix B: Demographic of St. Louis City, St. Louis County & St. Charles County vs. Missouri

DEMOGRAPHIC OF ST. LOUIS CITY, ST. LOUIS COUNTY & ST. CHARLES COUNTY VS. MISSOURI				
	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI
GEOGRAPHY				
Land Area in Square Miles, 2010	61.9	507.80	560.44	6,874,152
Persons per Square Mile, 2010	5157.5	1967.2	643.2	87.1
POPULATION				
Population, 2010	319,294	998,954	360,485	5,988,923
Population, April 1, 2020	301,578	1,004,125	405,262	6,113,532
Population, July 1, 2021 Estimate	293,310	997,187	409,981	6,168,187
Population, Percent Change - April 1 2010 -July 1, 2017 Estimate	-2.7	-0.7	1.2	2.1
AGE				
Persons Under 5 Years, Percent, 2020	6.3	5.8	5.7	6.1
Persons Under 18 Years, Percent, 2020	19.1	21.9	23	22.6
Persons 65 Years and over, Percent, 2020	13.7	18.5	15.8	16.5
GENDER				
Female Person, Person, 2021	51.5	52.5	50.9	50.9
Male Persons, Percent, 2021	48.5	47.5	49.1	49.1
RACE / ETHNICITY				
White, Percent, 2020	46.4	67.9	89.6	82.9
White Alone, not Hispanic or Latino, Percent, 2020	43.9	65.3	86.6	79.1
Black/African American Alone, Percent, 2020	45.7	25.0	5.3	11.8
Asian Alone, Percent, 2020	3.4	4.7	2.8	2.2
Hispanic or Latino, Percent, 2020	4.1	3.0	3.4	4.4
Two or More Races, Percent, 2020	3.1	2.2	2.1	2.4
American Indian & Alaska Native alone, Percent, 2020	0.3	0.2	0.2	0.6
Native Hawaiian & Other Pacific Islander Alone, Percent, 2020	<0.1	<0.1	0.1	0.2
POPULATION CHARACTERISTICS				
Foreign Born Persons, Percent, 2016-2020	6.9	7.4	3.9	4.2

Source: Conduent Healthy Communities Institute

ST. LOUIS CITY, ST. LOUIS COUNTY & ST. CHARLES COUNTY DEMOGRAPHIC INCLUDING EDUCATION / INCOME / HOUSING VS. MISSOURI				
	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI
HOUSING				
Housing Units, July 1, 2021	177,403	445,419	164,505	2,819,383
Owner-Occupied Housing Unit Rate, Percent, 2016-2020	44	68.3	81.6	67
Median Value of Owner-occupied Housing Units, Dollars, 2016-2020	\$143,700	\$206,700	\$230,100	\$157,200
FAMILY & LIVING ARRANGEMENTS				
Households, 2016-2020	143,566	409,658	149,472	2,440,212
Persons per Household, 2016-2020	2.1	2.4	2.62	2.4
Language other than English Spoken at Home, Percent of person age 5 years +, 2016-2020	9.7	9.5	5.5	6.3
EDUCATION				
High School Graduate or Higher, Percent of Persons Age 25+, 2016-2020	88.7	94.0	95	90.6
Bachelor's Degree or Higher, Percent of Persons Age 25+, 2013-2017	37.2	44.4	40.8	29.9
INCOME & POVERTY				
Median Household Income, Dollars, 2016-2020	45,782	67,420	87,644	57,290
Per Capita Income in past 12 months, Dollars, 2016-2020	31,930	42,682	40,738	31,839
Person in Poverty, Percent, 2016-2020	20.4	9.1	5	13.70

Source: Conduent Healthy Communities Institute

Appendix C: The Rehabilitation Institute of St. Louis Online Stakeholders Report

Prepared by:
BJC Market Research
June 9, 2022

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA) was passed in March 2010. It required that

- Each 501(c)3 hospital must conduct a Community Health Need Assessment (CHNA) every three years.
- Each hospital must adopt an implementation strategy to meet the community health needs identified in the CHNA.
- The CHNA and Implementation Plan must be widely available to the public.

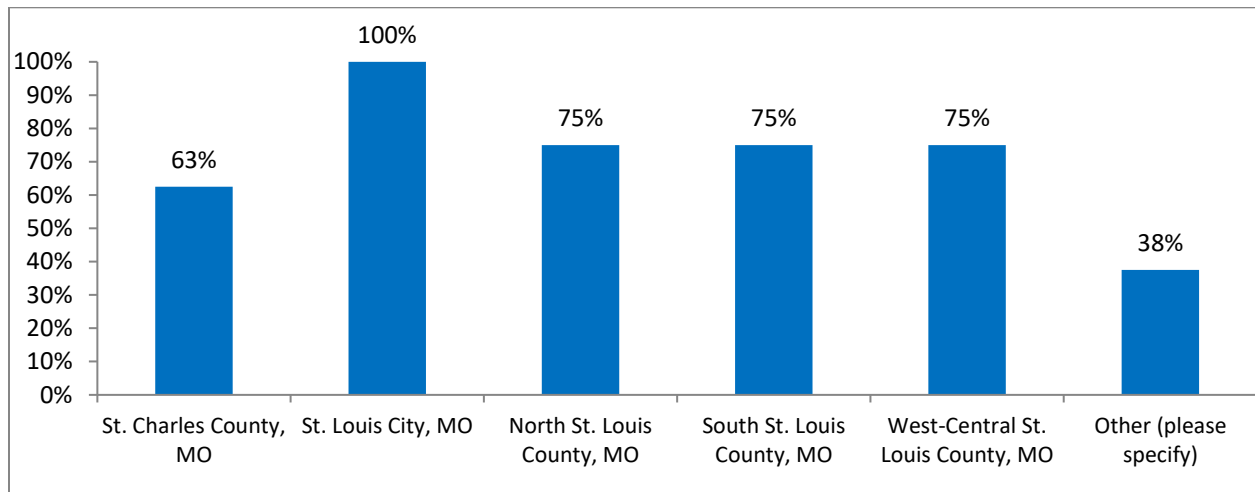
The assessment is required to consider **input from those who represent the broad interests of the community served by the hospital**, including those with special knowledge or expertise in public health.

METHODOLOGY

- In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion.
- Due to COVID-19, BJC HealthCare, along with its collaborative partners, decided to conduct an online survey for the safety of our community stakeholders.
- On February 28th, an email was sent by Mark Dwyer, CEO of The Rehabilitation Institute of St. Louis (TRISL), to 12 community stakeholders, inviting them to participate in the survey. Several reminders were sent out before it was closed for analysis at the end of May.
- 8 community members provided us with feedback for a 67% response rate.

MARKET DEFINITION

The Rehabilitation of St. Louis has locations in St. Louis City and St. Charles County. Stakeholders were asked what areas their patients represented. Not only do their patients come from the areas in which their facilities are located, they originate from St. Louis County and other regional markets.



Other responses:

All over the country

Eastern/Southeastern MO including Columbia and Lake of the Ozarks

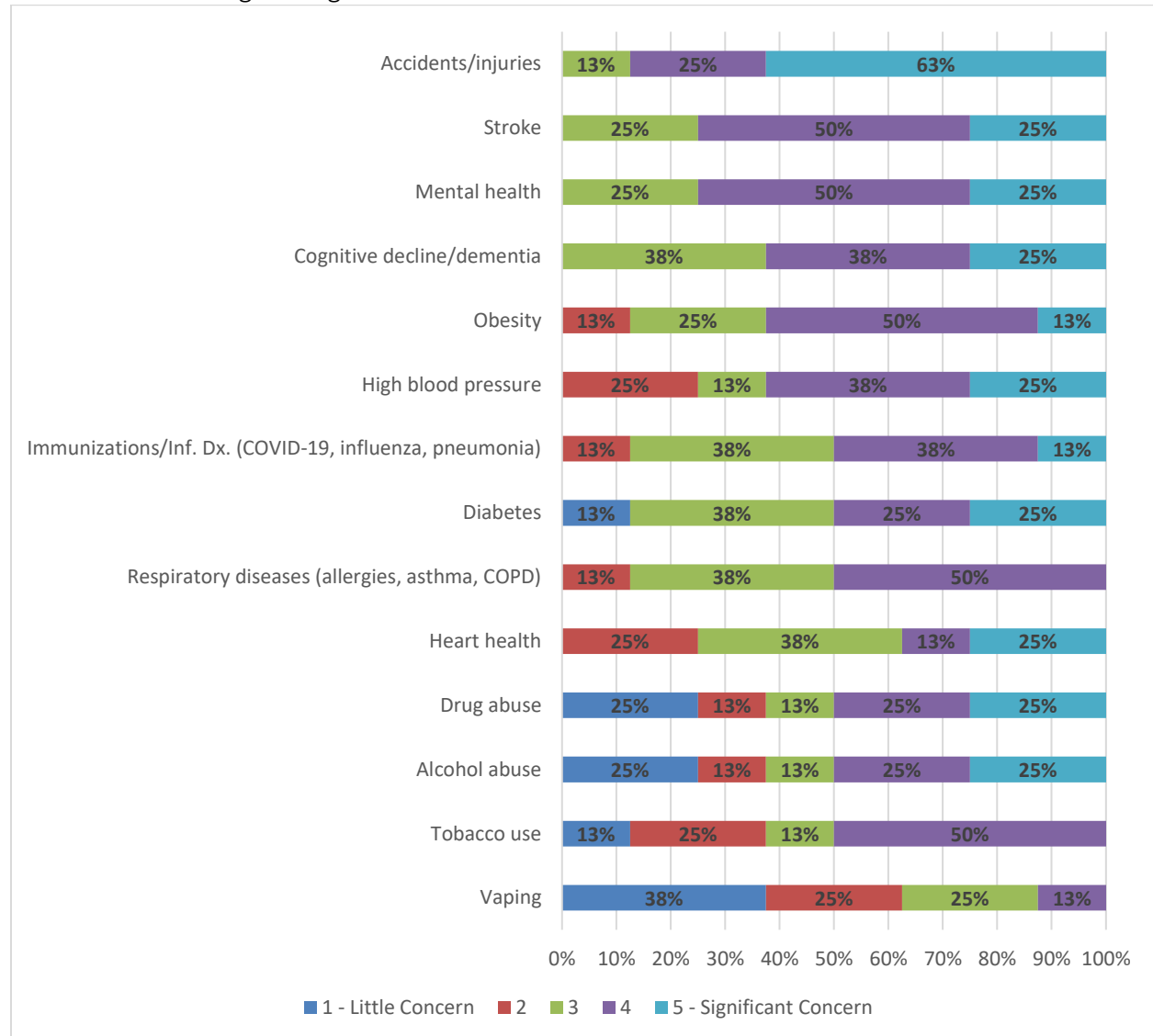
Parts of Illinois

KEY FINDINGS

- Stakeholders identify **accidents and injuries** as being of greatest concern, with two-thirds rating them as a 5 (significant concern) on a scale of 1 to 5. **Stroke** and **mental health** are also highly rated with an average rating of 4.
- Stakeholders feel that there is the greatest potential to work together around the issue of **immunizations/ infectious diseases**, followed by **accidents/injuries**. No one rated gave them a 1 or 2, with low potential for collaboration.
- Although stakeholders rate **accidents and injuries** at highest in level of concern, it is ranked slightly lower in collaboration, just behind immunizations **and infectious diseases** which ranks first. **Mental health** and **stroke** both rate highly for concern and collaboration.
- Stakeholders identify **paying co-pays and deductible** and **transportation/mobility** as having the greatest impact on access to health services at TRISL. Insurance coverage was ranked 3rd.
- Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes for TRISL, followed by the **homeless**.
- Three social factors were identified as having the greatest impact on the communities served by TRISL: **lack of transportation, lack of safe, affordable housing and poverty**.
- There was strong agreement that the greatest impact of COVID-19 on area residents have been emotional: **increased symptoms of anxiety and depression**, along with **loneliness and social isolation**. They also see an impact of increased **difficulty in accessing health services and medications**.
- Stakeholders identified the largest resource gaps around **affordability of health care** and **transportation**. Other identified gaps included **mental health** and **health education**.
- Stakeholders identified several areas as being of new concern. These included **access to MS providers, drug usage, stroke incidence** among older adults, a **shortage of personal care attendants** and **transportation safety**.
- Stakeholders mentioned several community resources of which TRISL may be unaware. These included a new **accessible amusement park**, the **Hopewell Center** for mental health treatment, the **National MS Society** and its resources, and **Paraquad program offerings**.
- Several stakeholders suggested **sharing information and resources** as a way to help improve the health of the community. Others suggested **health policy and funding changes, increased access and affordability of services**, and **more education and screenings**.
- TRISL stakeholders identified a variety of areas as being vulnerable and at-risk community. These included **North St. Louis City, other parts of St. Louis** and **rural communities**.

PRIORITY HEALTH NEEDS FOR TRISL

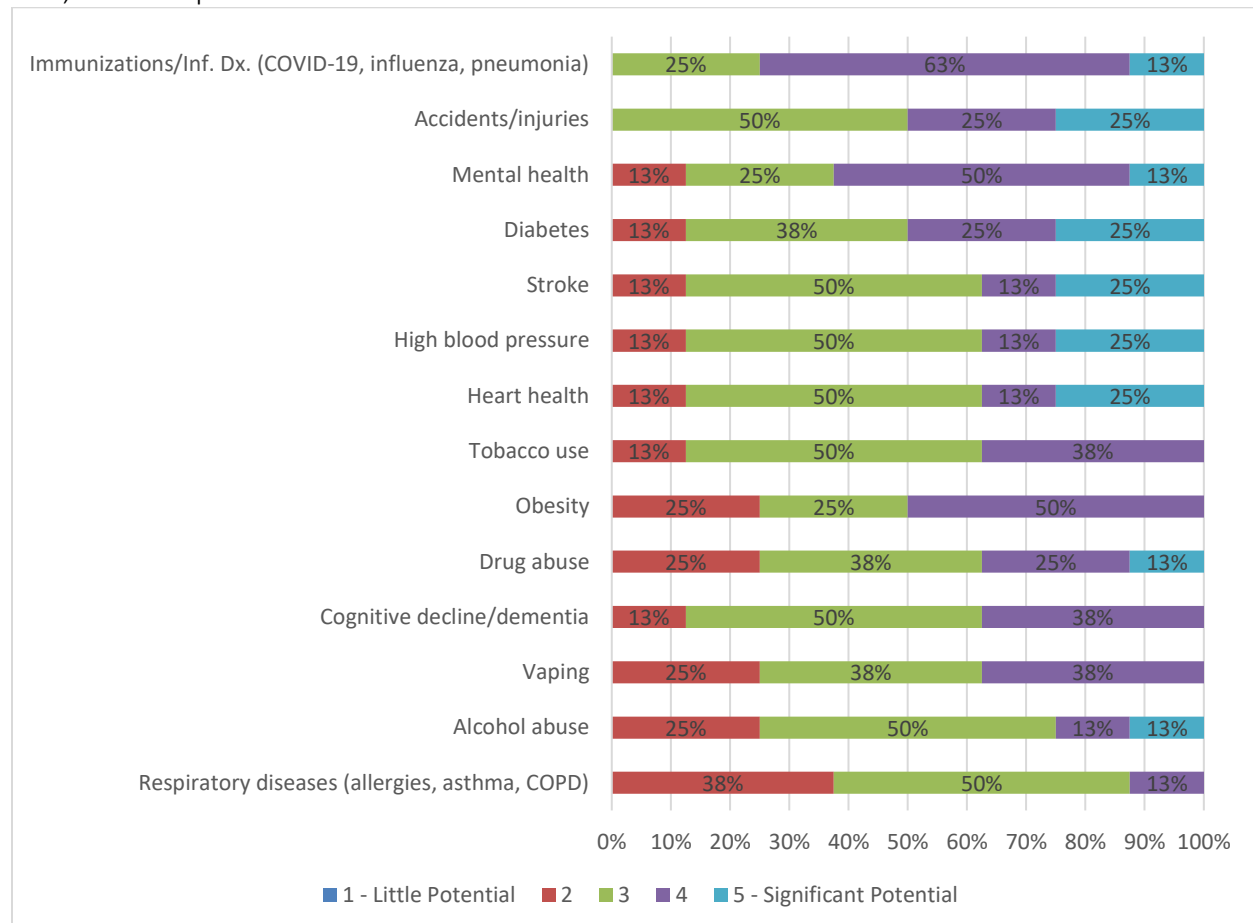
Stakeholders identify **accidents and injuries** as being of greatest concern, with two-thirds rating them as a 5 (significant concern) on a scale of 1 to 5. **Stroke** and **mental health** are also highly rated with an average rating of 4.



Q3 & Q4: Thinking about TRISL and the communities it serves, please rate your level of concern about each of these health needs on a scale 1 (little concern) to 5 (significant concern).

NEEDS WITH GREATEST COLLABORATIVE POTENTIAL AMONG TRISL STAKEHOLDERS

Stakeholders feel that there is the greatest potential to work together around the issue of **immunizations/ infectious diseases**, followed by **accidents/injuries**. No one rated gave them a 1 or 2, with low potential for collaboration.

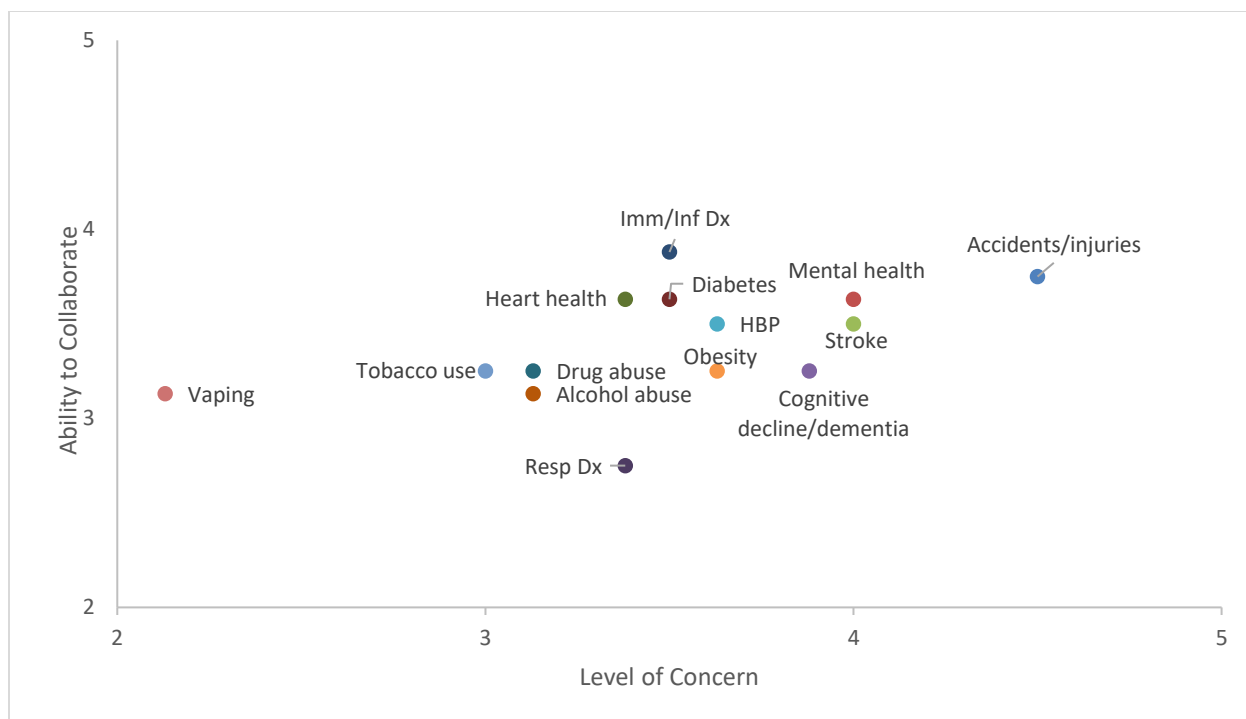


Q5 & Q6: How would you rate the potential of community partners to work together to address each of these health needs? Please rate each on a scale 1 (little potential) – 5 (significant potential).

LEVEL OF CONCERN BY ABILITY TO COLLABORATE

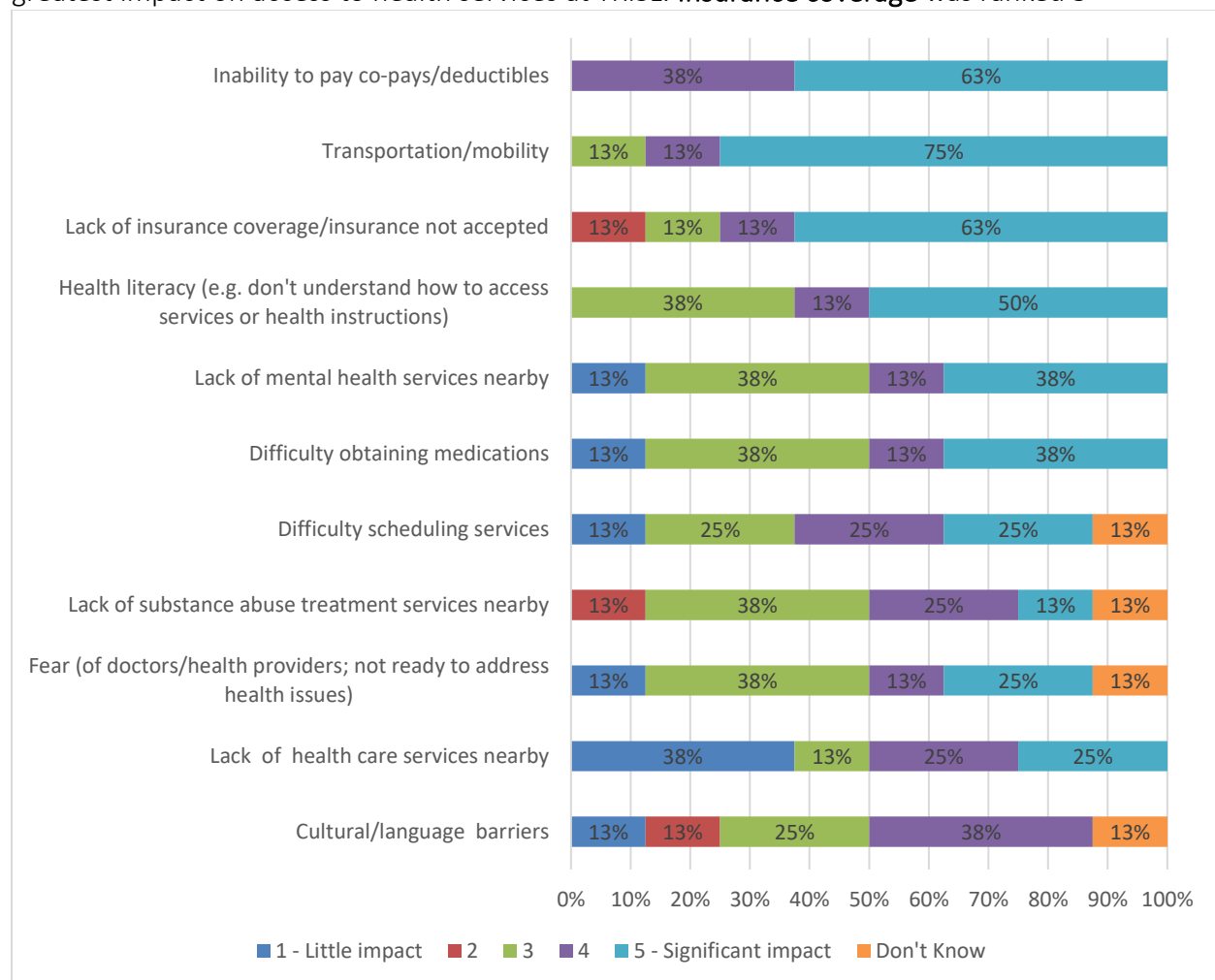
The stakeholders rate **mental health, immunizations and infectious disease, and maternal/infant health** as their top priorities based on level of concern and potential for collaboration. **Drug abuse** is next in importance.

Health Needs	Level of Concern	Ability to Collaborate
Accidents/Injuries	4.50	3.75
Mental Health	4.00	3.63
Stroke	4.00	3.50
Cognitive Decline/Dementia	3.88	3.25
High Blood Pressure	3.63	3.50
Obesity	3.63	3.25
Immunizations/ Infectious Disease	3.50	3.88
Diabetes	3.50	3.63
Heart Health	3.38	3.50
Respiratory Diagnosis	3.38	2.75
Drug Abuse	3.13	3.25
Alcohol Abuse	3.13	3.13
Tobacco Abuse	3.00	3.25
Vaping	2.13	3.13



GREATEST BARRIERS TO ACCESS FOR TRISL

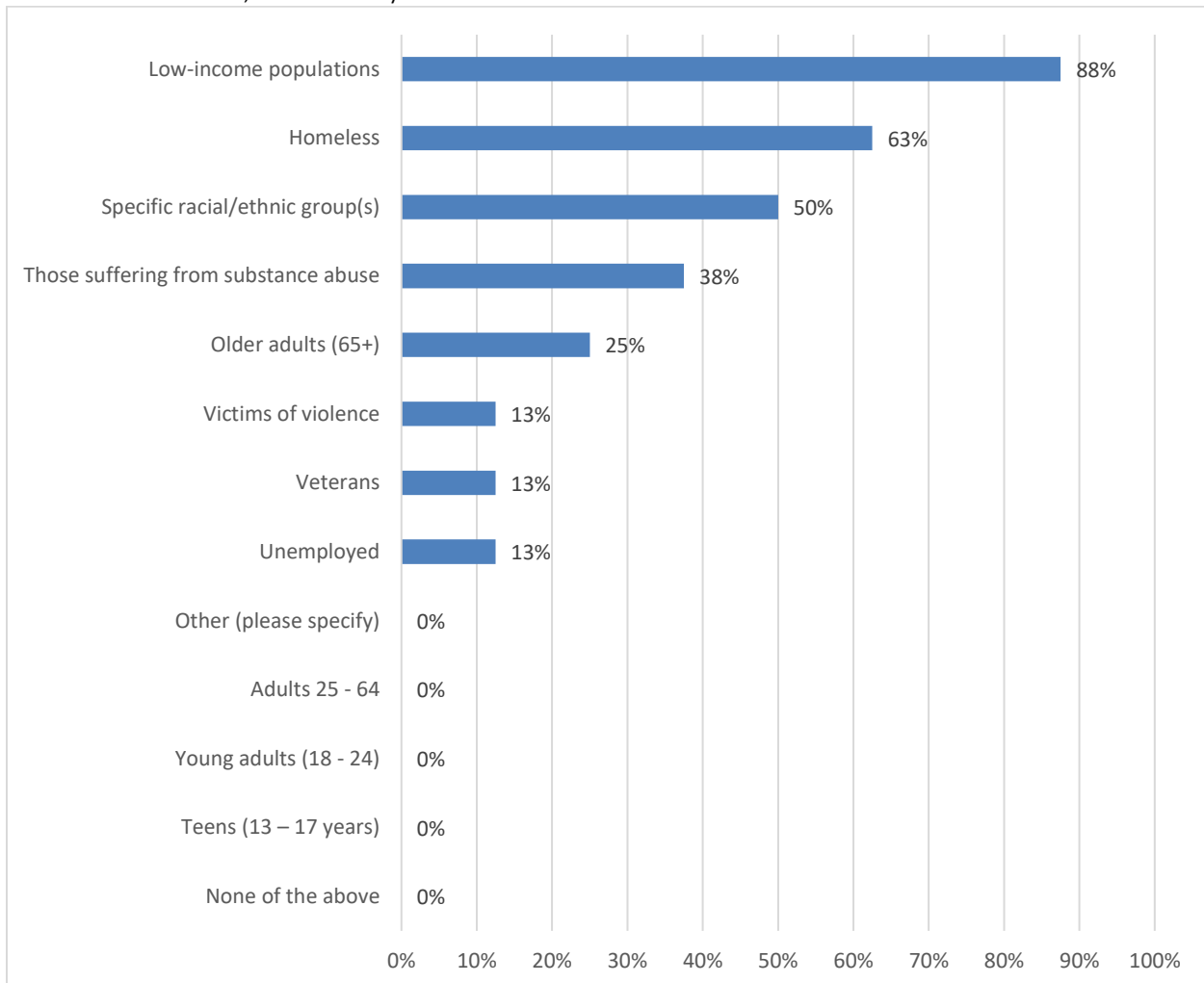
Stakeholders identify **paying co-pays and deductible** and **transportation/mobility** as having the greatest impact on access to health services at TRISL. **Insurance coverage** was ranked 3rd.



Q7: How impactful are each of the following barriers to accessing health care at TRISL? Rate each on a scale of 1 (little impact) – 5 (significant impact).

POPULATIONS AT GREATEST RISK FOR TRISL

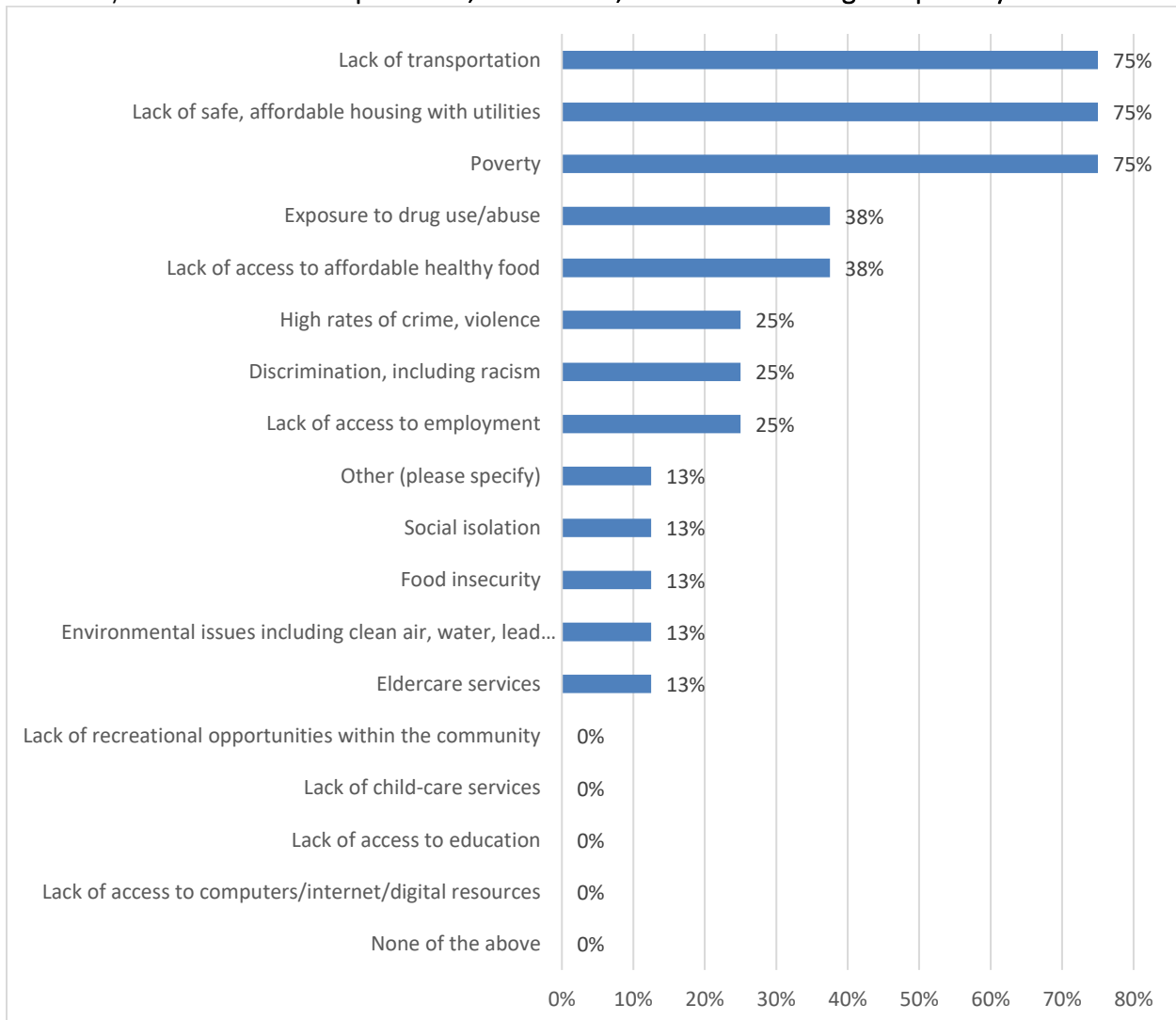
Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes for TRISL, followed by the **homeless**.



***Q8:** Among those you serve at TRISL, which of the following populations are most at risk for poor health outcomes? Pick no more than five.*

SOCIAL FACTORS IMPACTING TRISL

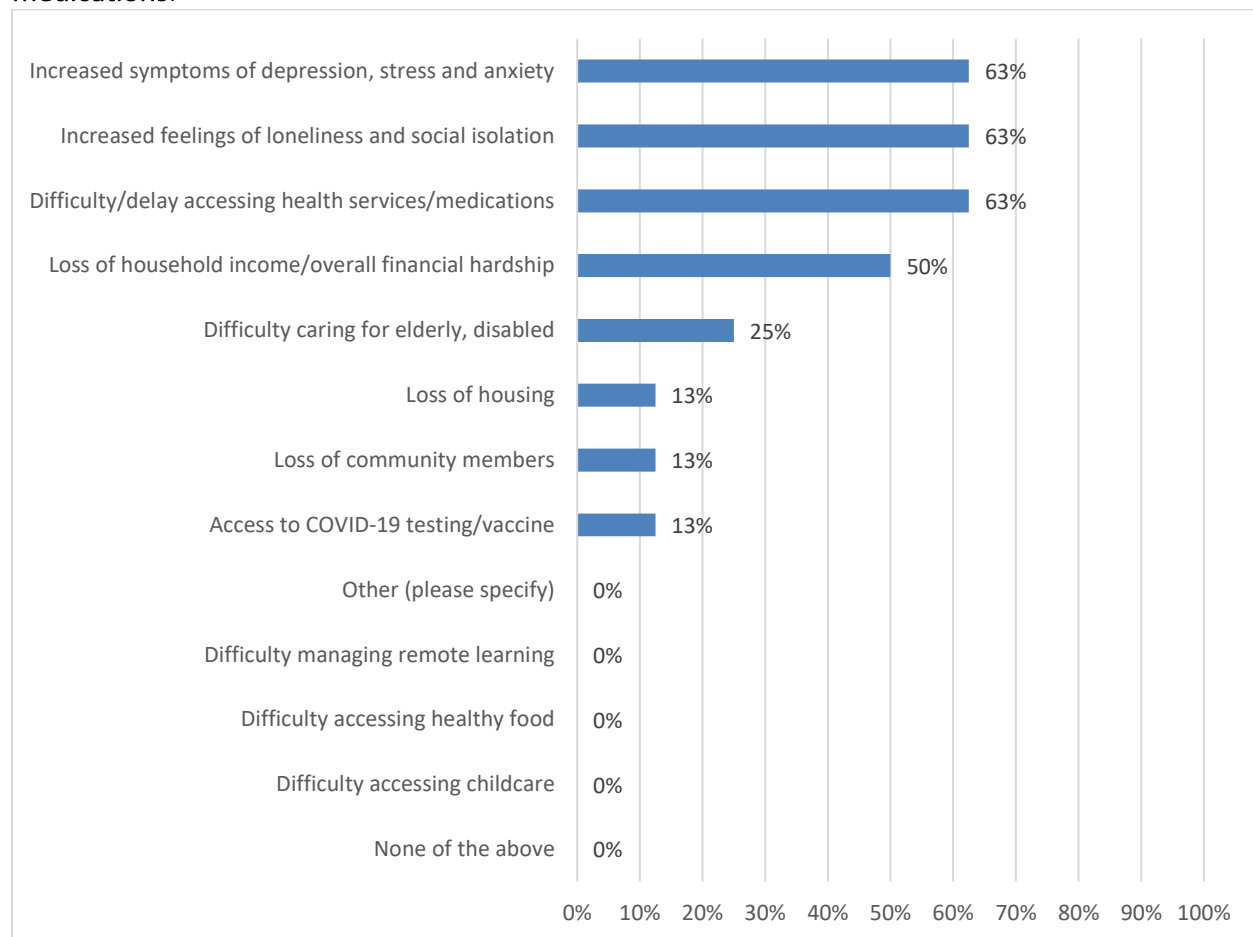
Stakeholders identify three social factors as having the greatest impact on the communities served by TRISL: **lack of transportation, lack of safe, affordable housing and poverty.**



Q9: Which of the following social factors have historically had the greatest impact on the health of the communities served by TRISL? Pick no more than five.

COVID-19'S IMPACT ON TRISL

Stakeholders strongly agree that the greatest impact of COVID-19 on area residents have been emotional: **increased symptoms of anxiety and depression**, along with **loneliness and social isolation**. They also see an impact of increased **difficulty in accessing health services and medications**.



Q10: Thinking about the COVID-19 pandemic and its impact on TRISL, which of the following have had the greatest impact on the health of the community? Pick no more than three.

BIGGEST GAPS IN RESOURCES

Stakeholders identified the largest resource gaps around **affordability of health care** and **transportation**. Other identified gaps included **mental health** and **health education**.

NEED	GAP
Affordability of Health Services (3 comments)	The uninsured. We deal with a large amount of uninsured patients as we have a voucher program set up with Hopewell that allows uninsured patients to pick up their meds with no out of pocket cost to the patient. I find it hard to believe that all of these patients are not eligible for any insurance, including Medicaid. Perhaps more outreach, specifically at places that see a large number of uninsured, could help to bring the number of insured patients up.
	I would say it's more of an issue of affordability more than accessibility. The pandemic has made it harder for low income families to access the services that they require.
	In general, access to affordable medications.
Transportation (3 comments)	Accessible transportation
	Funding for transportation for accessing appointments and exercise
	Wheelchair accessible transportation along with issues along that bus route that make it difficult for individuals that utilize wheelchairs to use the bus (drop off/pick up areas aren't shoveled/clear - lack of accessible/safe sidewalks).
	Ongoing information and education through a established informational resource network
Mental Health (2 comments)	Mental health resources can be expensive and not covered by insurance for many.
	Access to mental health providers with knowledge in treating individuals with a chronic illness
Health Education (2 comments)	As it relates to stroke prevention, access to healthy foods, medical care and education significantly impacts the underserved community leaving the population at higher risk.
	Access/understanding when to obtain Covid 19 vaccine as it relates to having an autoimmune disease
Access to Healthy Food	As it relates to stroke prevention, access to healthy foods, medical care and education significantly impacts the underserved community leaving the population at higher risk.
Health Services	As it relates to stroke prevention, access to healthy foods, medical care and education significantly impacts the underserved community leaving the population at higher risk.
Recreational Program Funding	Funding for community based exercise to prevent secondary conditions

Q11: *What are the biggest gaps in resources within this community to address the needs that you have identified? Please mention the need along with the missing resources.*

NEW/ADDITIONAL HEALTH/SOCIAL ISSUES

Stakeholders identified several areas as being of new concern. These included **access to MS providers, drug usage, stroke incidence** among older adults, a **shortage of personal care attendants** and **transportation safety**.

NEED	DESCRIPTION
Access to MS Providers	Access to MS specialists, especially neurologists, advanced practice providers throughout our market area and how to best support general neurologists who may not be as knowledgeable about MS, treatment options, Covid-19 impact on MS
Drug usage	No real new or unknown ones, but it seems the amount of drug abuse and overdoses has gone up significantly during the pandemic. This is purely anecdotal based.
Incidence of stroke	The increase of stroke in people under age 65. While not an additional issue, I do think we need to be aware of some of the mental and social stresses on younger people and some of the adult population if we continue or reassume heightened governmental mitigation efforts for virus containment or people have to deal with alarmist media narratives that can produce such anxiety. I deal with people who continue to have some psychological impacts from the mitigation mandates and how that has become reinforced in their daily lives.
Shortage of personal care attendants	There is a workforce shortage for personal care attendants.
Transportation safety	This issue is likely widely known but as an STL transplant, I've noticed that safety is a major issue. The metro/bus don't seem to be safe resources and I work with a vulnerable population that doesn't feel safe using these resources.

***Q12:** What new/additional health or social issues are you aware of in this community that may not be widely known, yet are a concern for the future?*

COMMUNITY ASSETS THAT PROMOTE COMMUNITY HEALTH

Stakeholders mentioned a variety of community resources of which TRISL may be unaware. These included a new **accessible amusement park** being built, the **Hopewell Center** for mental health treatment, the **National MS Society**, and its resources and **Paraquad program offerings**.

RESOURCE TYPE	RESOURCE
Accessible Amusement park	Soon there will be an amusement park built in this area designed with accessibility the primary concern. This will serve many people in the community who would not otherwise get this experience.
Hopewell Center	I'd imagine you are aware of the same resources I am, due to our close proximity, but Hopewell is an outstanding psych based facility serving the low income population. Considering I do not live down here, my knowledge is somewhat limited to only who our pharmacy interacts with on a normal basis.
National MS Society	Not everyone is knowledgeable about the National MS Society resources we have available for people with MS and healthcare providers who provide care to individuals with MS.
Paraquad Program Offerings	Variety of programs that Paraquad has to offer individuals

***Q13:** Think about health assets or resources as people, institutions, services, supports built resources (i.e. parks) or natural resources that promote a culture or health. What are the health assets or resources that TRISL may not be aware of?*

IDEAS FOR IMPROVING THE HEALTH OF THE COMMUNITY

Several stakeholders suggested **sharing information and resources** as a way to help improve the health of the community. Others suggested **health policy and funding changes, increased access and affordability of services, and more education and screenings.**

NEED	DESCRIPTION
Sharing Information and Resources (5 comments)	By continuing to help patients get to a place that can help them, whether it be here (pharmacy) or somewhere else. A lot of the healthcare facilities around the area are aware of each other and what each has to offer, so pointing patients in the right direction, if unable to get help where they are currently, makes a lot of sense for all involved.
	Sharing information
	Working together and sharing resources. Sharing of information/resources; appropriate referrals to each others services; collaboration on programming to educate the healthcare provider
	Continue sharing resources
Effect Change Through Health Policy and Funding Allocation	Continue to advocate in Jeff City as well as assist with guiding when new funding opportunities may be present
Increase Access and Affordability of Services	I think that if we make services easier to access and afford we can make a real difference in our community.
More educational opportunities	I think we need to continue to communicate where resources can be found. A central clearinghouse listing all available helps would be wonderful. There may be such a clearinghouse, but people may not always know how that information can be accessed in an easy manner.
More Free Health Screenings	Offer more opportunities for free health screenings.

Q14: *How can TRISL community stakeholders work together to use their collective strengths to improve the health of the community?*

COMMUNITIES AT GREATEST RISK

TRISL stakeholders identified a variety of areas as being vulnerable and at-risk community. These included **North St. Louis City, other parts of St. Louis** and rural communities.

NEED	DESCRIPTION
Many Areas (non-specific) (2)	There are vulnerable communities everywhere around here. I do not have the knowledge to pinpoint exact locations of them.
	There are many low-income communities within my area that are under served.
North St. Louis City (2)	North St. Louis City
	North St. Louis City: 63121, 63133, 63136
Rural Communities	Rural communities where individuals may not have access to transportation to see a specialist and/or access to a specialist in their community as well as individuals who have Medicaid and may not have access to an MS specialist near their home.
Central St. Louis City	63110
South St. Louis City	63111, 63118
North St. Louis County	63114
East St. Louis	62201

Q15: *Which communities, neighborhoods or ZIP codes are especially vulnerable or at risk?*

NEXT STEPS

Using the input received from community stakeholders, The Rehabilitation Institute of St. Louis will consult with their internal work group to evaluate this feedback. They will also consider other secondary data and determine whether/how their priorities should change. The final needs assessment and implementation plan is due by December 31, 2022.

Appendix D: The Rehabilitation Institute of St. Louis Online Survey Participating Stakeholders

THE REHABILITATION INSTITUTE OF ST. LOUIS ONLINE SURVEY PARTICIAPTING STAKEHOLDERS

FOCUS GROUP PARTICIPANTS

LAST NAME	FIRST NAME	ORGANIZATION	TITLE
Knepp	Jake	Gateway Apothecary	Pharmacist in Charge
Howard	Kathleen	ABC Brigade	President
Wright	Jessica	Vocational Rehabilitation	Counselor II
Helton	Dale	Southern Bus and Mobility	Mobility System Specialist
Poole	Megan	St. Patrick Center	Senior Director of Programs-Immediate Support
Carron	Suzanne	National Multiple Sclerosis Society	Director, Healthcare Provider Engagement
Lackey	Kim	Paraquad	Senior Director
Morrow	Anne	Orthwein Center at Parquad	Director

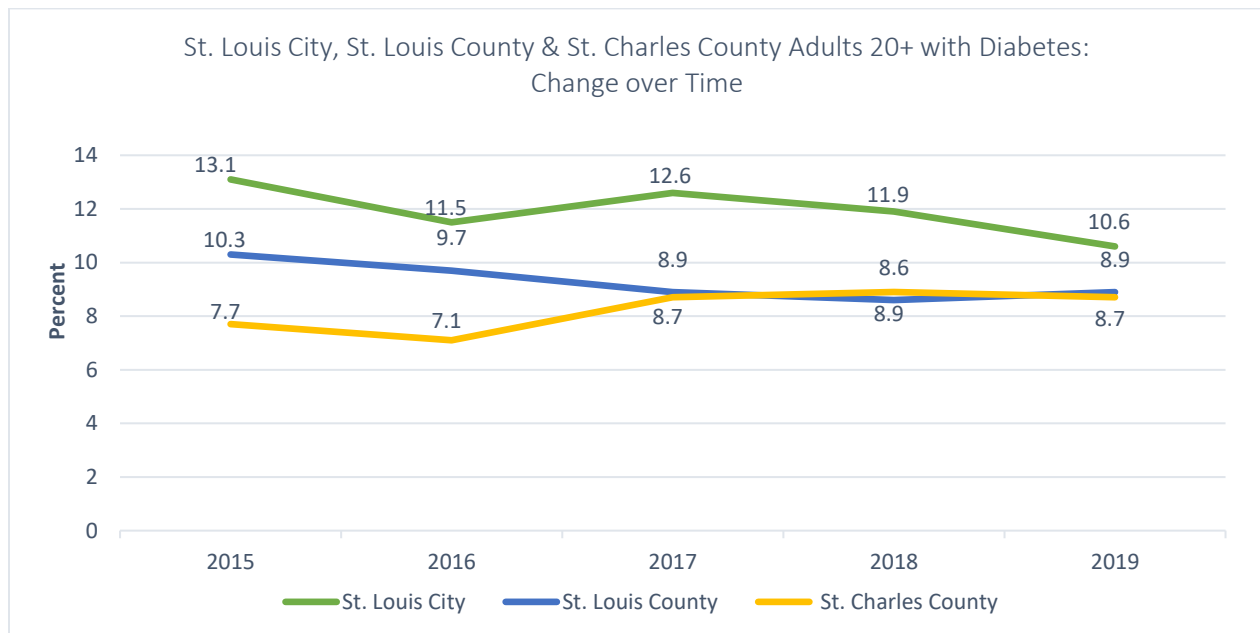
Appendix E: The Rehabilitation Institute of St. Louis Internal Work Group

THE REHABILITATION INSTITUTE OF ST. LOUIS INTERNAL WORK GROUP

LAST NAME	FIRST NAME	TITLE	DEPARTMENT
Valleck	Angela	Senior Director of Quality and Risk Management	Quality
Dwyer	Mark	Area Chief Executive Officer	Administration
King	Karley	Program Manager	BJC Communication & Marketing

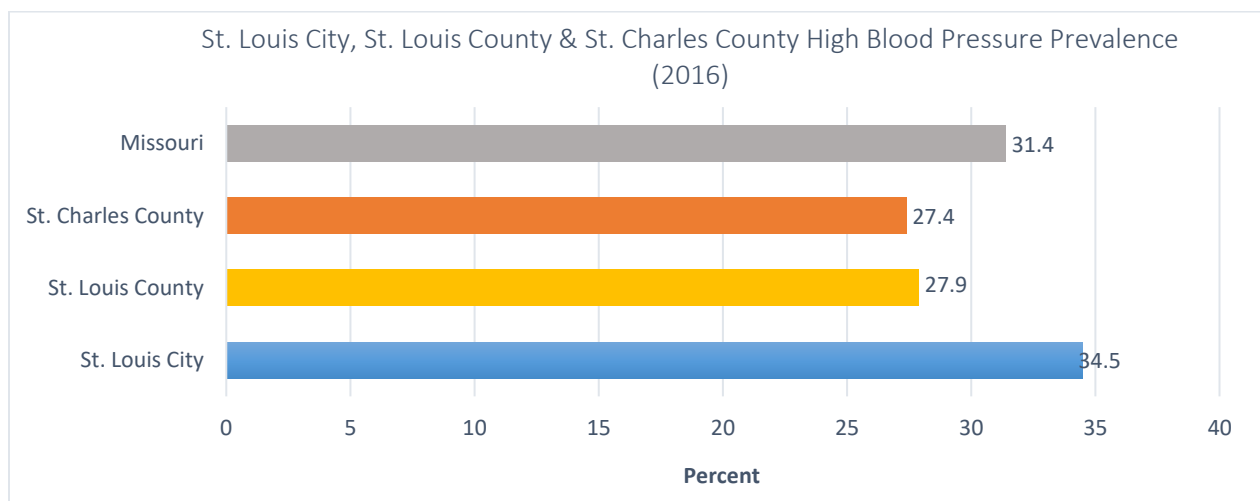
Appendix F: Secondary Data

DIABETES

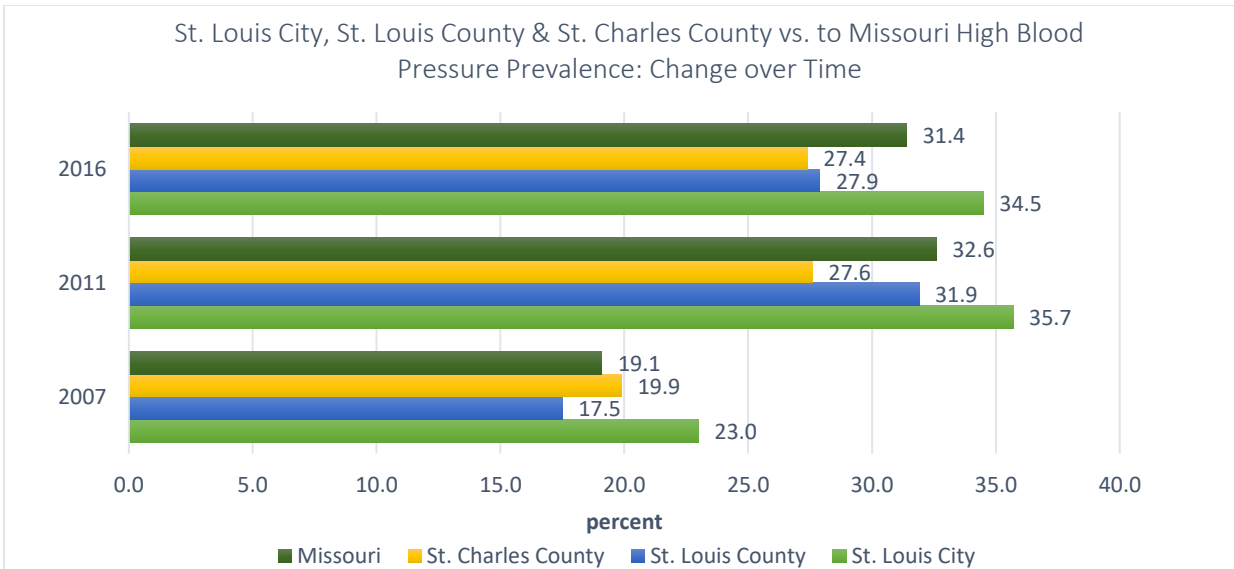


Source: Conduent Healthy Communities Institute

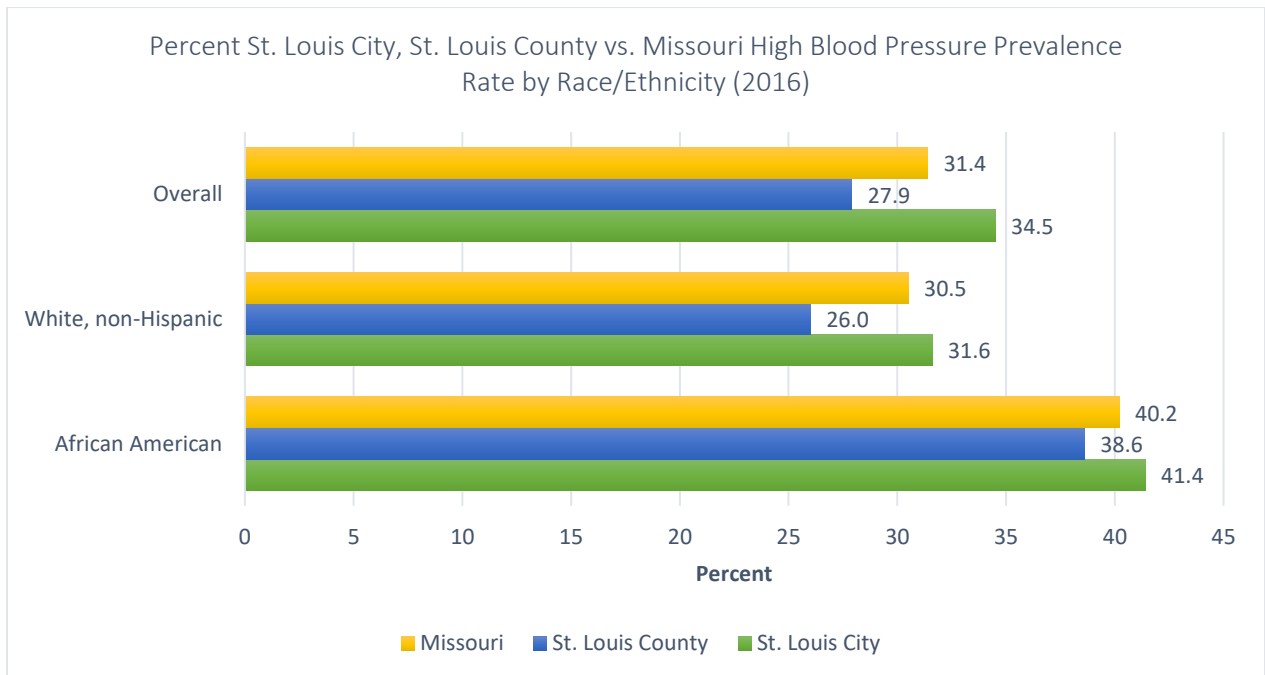
HIGH BLOOD PRESSURE



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

ACCIDENT/INJURIES

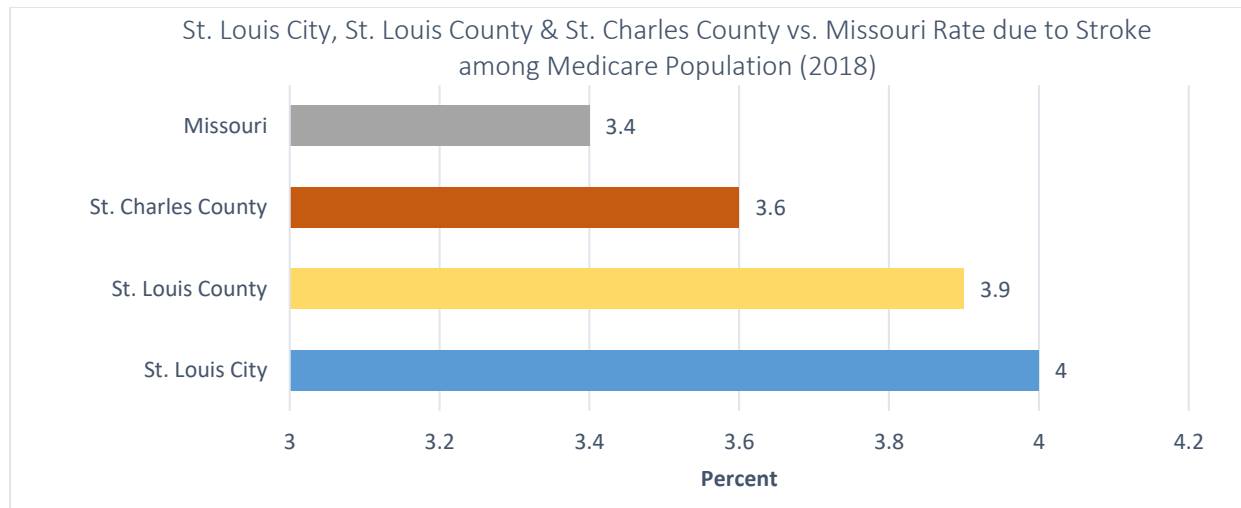
THREE-YEAR MOVING ASSAULT INJURY AVERAGE RATES: ST. LOUIS CITY, ST. LOUIS COUNTY & ST. CHARLES COUNTY vs. MISSOURI												
HEALTH INDICATORS	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI
	2015-2017				2016-2018				2017-2019			
Total Assault Injury Deaths /100,000 Population	45.53	14.7		10.23	45.69	16.09		10.89	44.89	17.37		11.15
Firearm Deaths/100,000 Population	42.96	13.24		8.62	42.77	14.19		9.24	42.09	15.72		9.62
	2011-2013				2012-2014				2013-2015			
Total Assault Injury Hospitalizations/10,000 Population	8.64	2.59	0.89	2.52	9.48	2.64	0.82	2.46	9.62	2.78	0.7	2.44
Firearm Hospitalizations/10,000 Population	3.82	0.98		0.75	4.35	1.07		0.76	4.62	1.31		0.79
Total Assault Injury ER Visits /1,000 Population	8.11	3.75	2.08	3.82	7.26	3.42	1.9	3.59	6.86	3.23	1.71	3.43
Firearm ER Visits/1,000 Population	0.51	0.14		0.09	0.54	0.14		0.09	0.59	0.18		0.09

Source: Missouri Department of Health & Senior Services

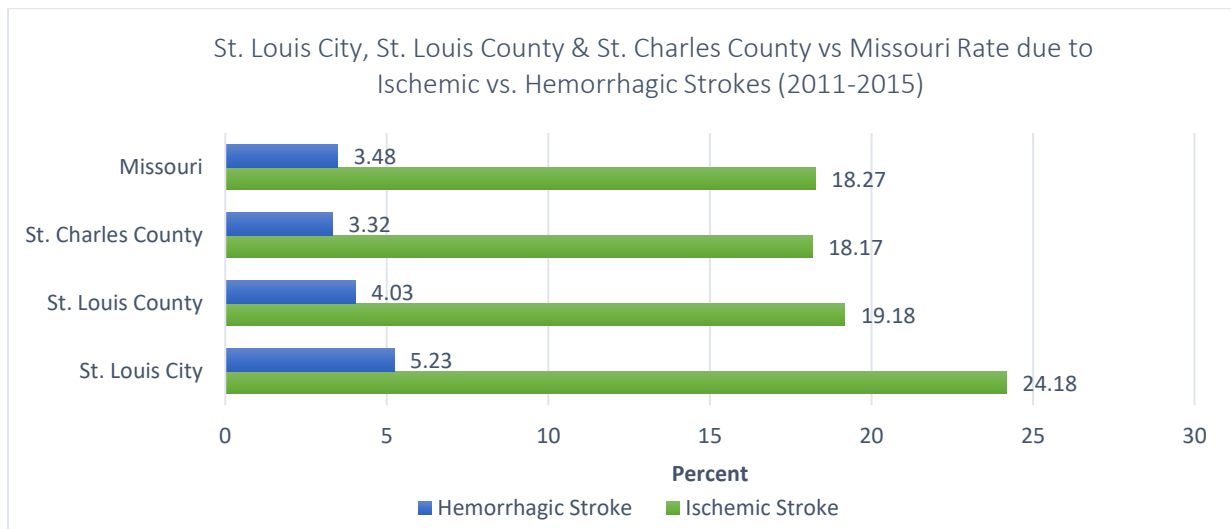
ASSAULT INJURY RATE: ST. LOUIS CITY, ST. LOUIS COUNTY & ST. CHARLES COUNTY vs. MISSOURI BY ETHNICITY/RACE									
HEALTH INDICATORS	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI	
TOTAL ASSAULT INJURY	WHITE				AFRICAN AMERICAN				
Death Rate /100,000 Population (2009-2019)	7.06	2.45	1.48	3.69	69.91	37.24	12.93	41.11	
Hospitalizations/10,000 Population (2005-2015)	3.17	1.16	0.89	1.55	16.99	7.48	3.44	10.34	
Emergency Room Visits/1,000 Population (2005-2015)	3.43	1.82	1.89	2.85	12.95	8.24	4.06	9.45	
FIREARM	WHITE				AFRICAN AMERICAN				
Death Rate/100,000 Population (2009-2019)	5.01	1.75	0.86	2.34	63.91	33.28	8.84	36.45	
Hospitalizations Rate/10,000 Population (2005-2015)	0.41	0.15	0.08	0.16	8.39	3.54	1.12	4.7	
Emergency Room Visits/1,000 Population (2005-2015)	0.06	0.01	0.01	0.02	1.16	0.51	0.11	0.6	

Source: Missouri Department of Health & Senior Services

STROKE



Source: Conduent Healthy Communities Institute



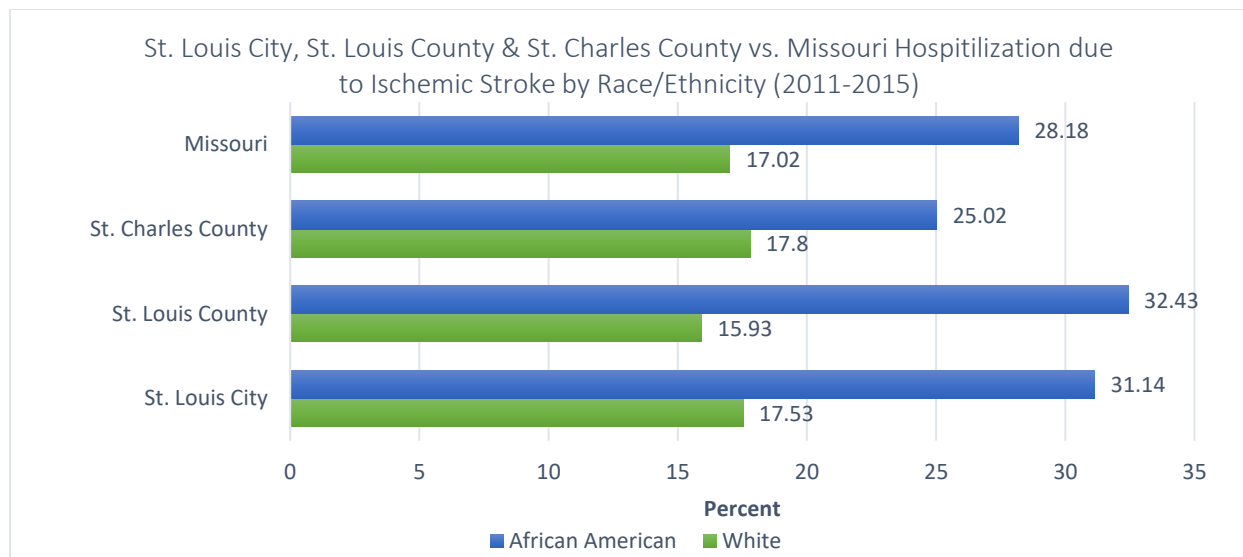
Source: Conduent Healthy Communities Institute

ST. LOUIS CITY, ST. LOUIS COUNTY & ST. CHARLES COUNTY VS. MISSOURI DISCHARGE STATUS AFTER AN ACUTE STROKE: ISCHEMIC AND HEMORRHAGIC STROKE BY RACE/ETHNICITY (2011-2015)

DISCHARGE STATUS	ST. LOUIS CITY				ST. LOUIS COUNTY				ST. CHARLES COUNTY				MISSOURI			
	ISCHEMIC STROKE		HEMORRHAGIC STROKE		ISCHEMIC STROKE		HEMORRHAGIC STROKE		ISCHEMIC STROKE		HEMORRHAGIC STROKE		ISCHEMIC STROKE		HEMORRHAGIC STROKE	
	White	African American	White	African American	White	African American	White	African American	White	African American	White	African American	White	African American	White	African American
Home	49.89	47.98	29.68	28.13	52.12	51.25	29.58	32.58	58.39	52.05	34.45	50*	57.12	50.74	31.75	31.83
Other Long Term Care (LTC) Facility	15.49	13.53	17.31	17.92	15.35	12.38	15.71	15.76	11.11	11.64*	11.2	12.5*	15.26	13.3	17.27	18.02
Rehabilitation	22.34	30.5	26.5	26.59	22.74	28	22.86	28.34	20.67	28.08	23.08	25*	16.73	26.86	18.86	24.58

Source: Missouri Department of Health & Senior Services

(*): Less than 20 participants therefore data should be interpreted with caution



Source: Conduent Healthy Communities Institute

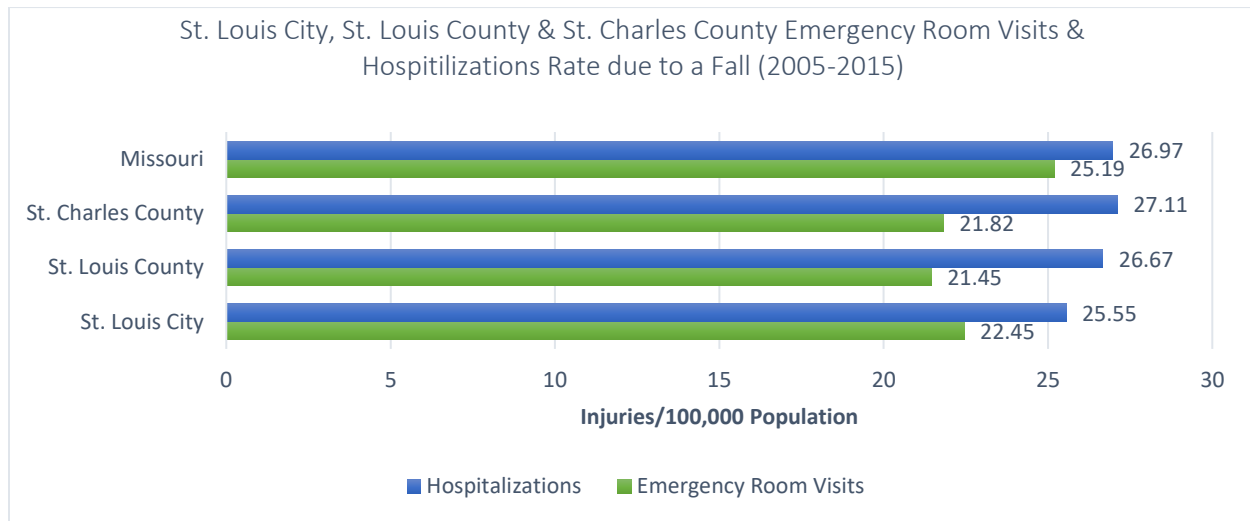
ST. LOUIS CITY, ST. LOUIS COUNTY & ST. CHARLES COUNTY VS. MISSOURI DISCHARGE STATUS AFTER AN ACUTE STROKE: ISCHEMIC & HEMORRHAGIC STROKE (2011-2015)								
DISCHARGE STATUS	ST. LOUIS CITY		ST. LOUIS COUNTY		ST. CHARLES COUNTY		MISSOURI	
LOCATION	ISCHEMIC STROKE	HEMORRHAGIC STROKE	ISCHEMIC STROKE	HEMORRHAGIC STROKE	ISCHEMIC STROKE	HEMORRHAGIC STROKE	ISCHEMIC STROKE	HEMORRHAGIC STROKE
Home	48.92	28.93	51.93	30.85	58.08	34.98	56.22	31.73
Other Long Term Care (LTC) Facility	14.05	17.65	14.38	15.81	10.99	11.15	14.9	17.18
Rehabilitation	27.49	26.29	24.3	24.57	21.13	22.91	18.19	19.83

Source: Missouri Department of Health & Senior Services

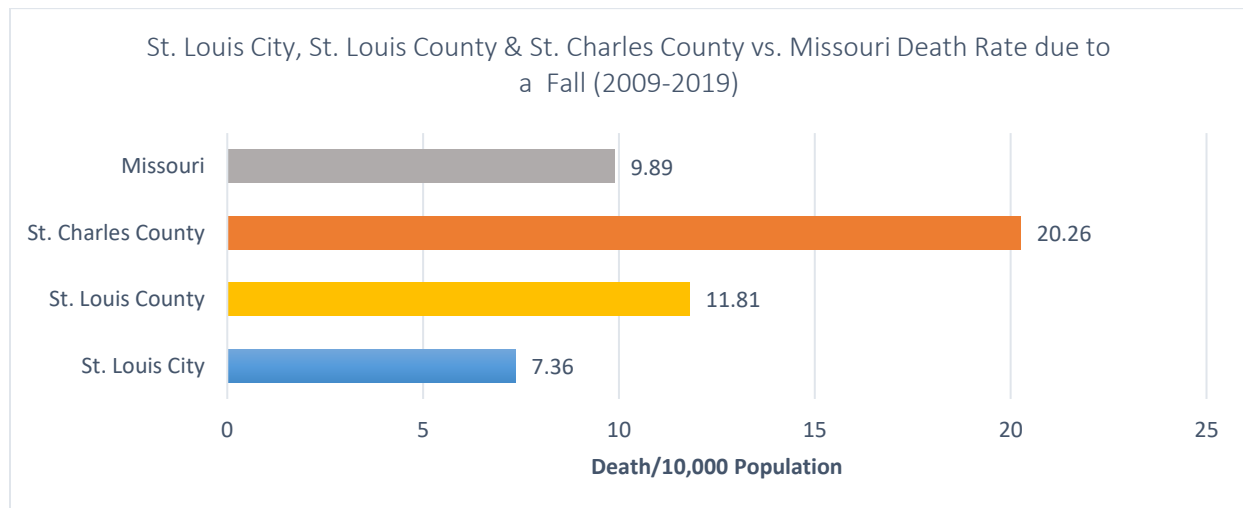
ST. LOUIS CITY, ST. LOUIS COUNTY & ST. CHARLES COUNTY VS. MISSOURI RISK FACTORS & PREVALENCE RATES FOR STROKE AMONG ADULTS 18 YEARS & OLDER (2016)				
RISK FACTORS	ST. LOUIS CITY	ST. LOUIS COUNTY	ST. CHARLES COUNTY	MISSOURI
High Blood Pressure	33.7	31.4	29.6	33.8
High Cholesterol	27.1	32.4	33.3	35.3
Diabetes	9.6	9.9	10.5	11.1
Obesity	30.3	24.8	33.0	31.2
Overweight	31.3	38.0	32.1	35.2
Current Smoking	26.2	15.6	17.5	22
Physical Inactivity	26.0	21.1	18.2	25.9
Low Fruit & Vegetable Intake	87.8	86.1	92.0	88.5

Source: Missouri Department of Health & Senior Services

FALL

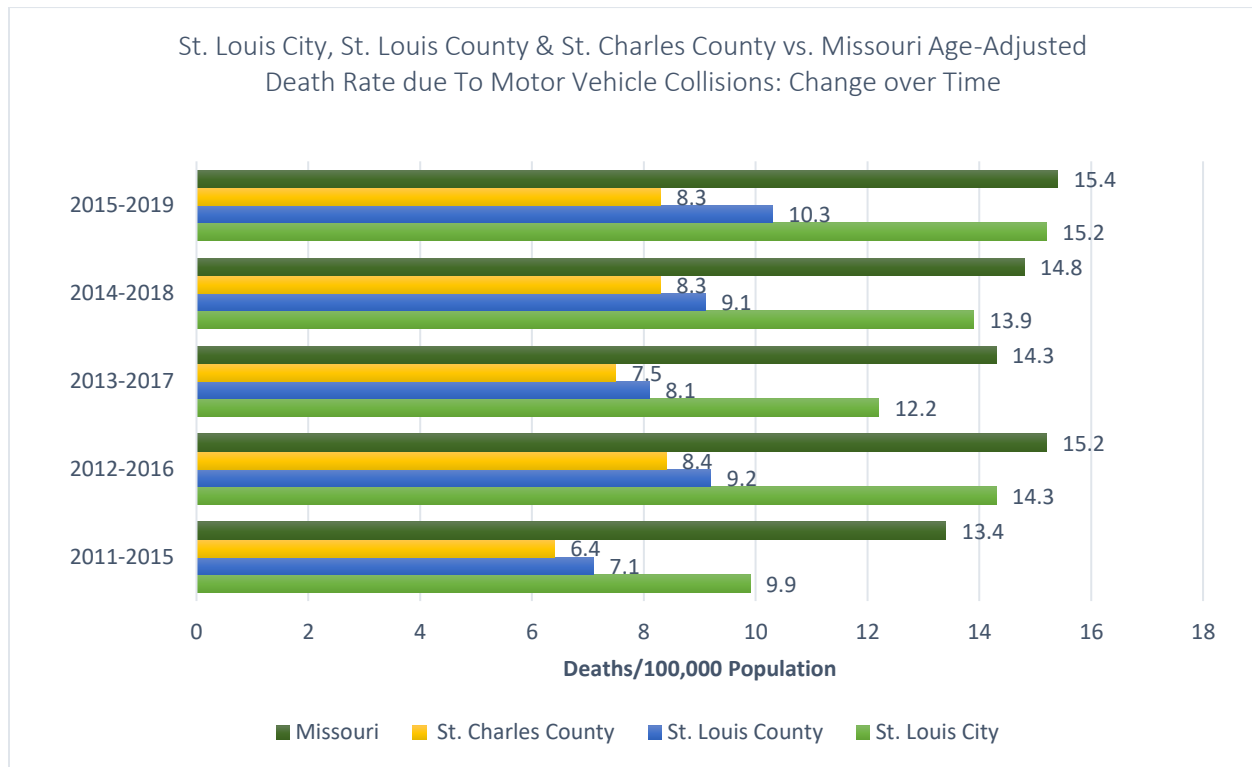


Source: Missouri Department of Health & Senior Services

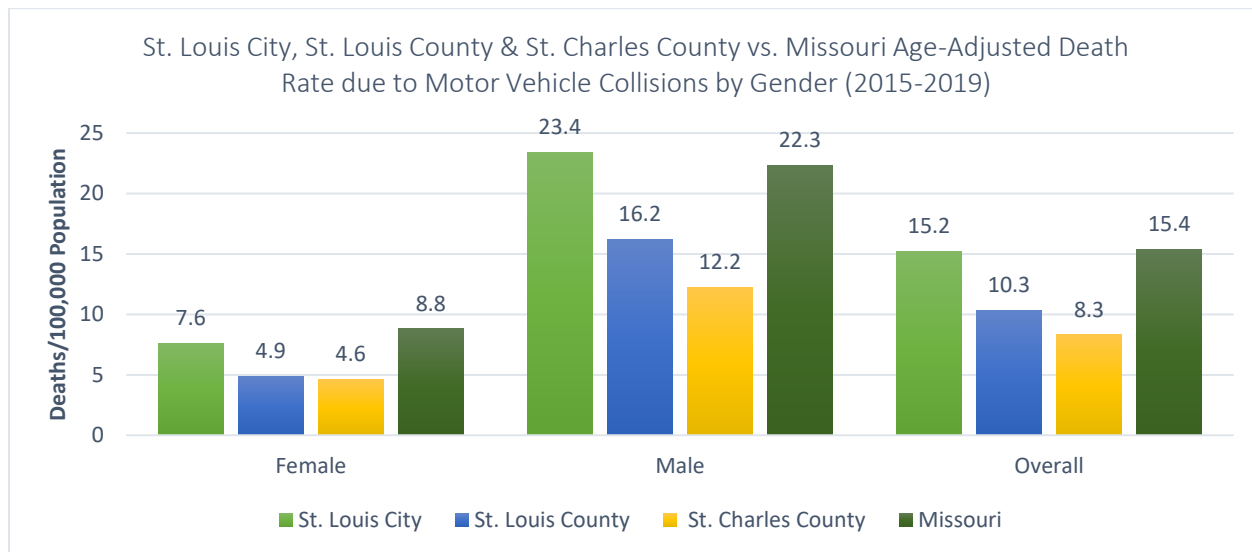


Source: Missouri Department of Health & Senior Services

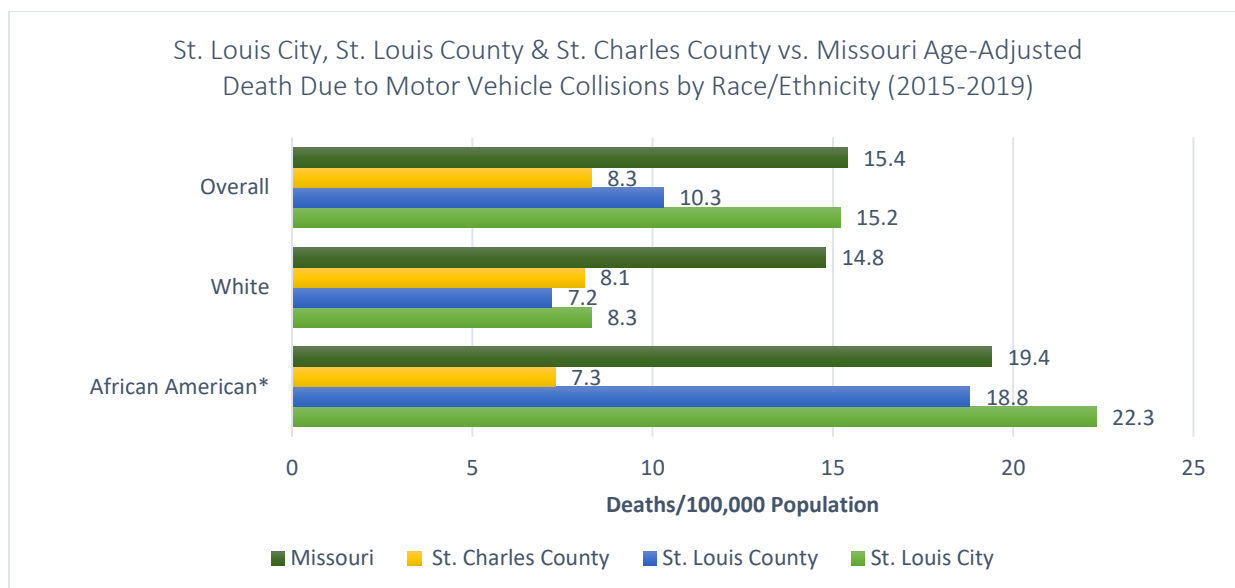
MOTOR VEHICLE COLLISIONS



Source: Conduent Healthy Communities Institute



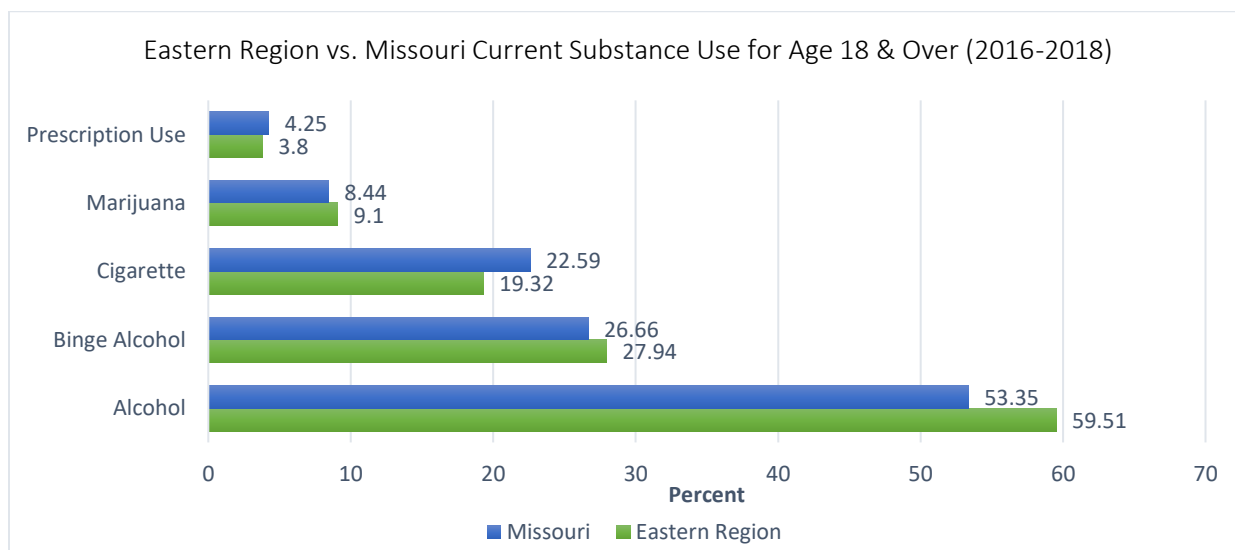
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

(*): Less than 20 participants therefore data should be interpreted with caution

SUBSTANCE ABUSE



Source: Missouri Department of Health & Senior Services

Implementation Strategy



Community Health Needs to be Addressed

COMMUNITY HEALTH NEEDS TO ADDRESS: HEART/CARDIOVASCULAR DISEASE: STROKE

HEALTH NEED RATIONALE:

Heart disease and stroke are among the most preventable diseases in the U.S., yet they are the most widespread and costly health conditions facing the nation today. Heart disease and stroke are the first and third leading causes of death for both women and men. For 2018, St. Louis City (17.6 percent), St. Louis County (14.7 percent) and St. Charles County (5.9 percent) all had higher stroke prevalence rates among the Medicare population when compared to the state at 3.4 percent. For the five-year period ending 2015, St. Louis City, St. Louis County and St. Charles County all had higher rates of discharge to a rehabilitation facility after an acute stroke (ischemic and hemorrhagic) compared to the rate in the state. For ischemic stroke, Missouri's discharge rate was 18.19 percent, while St. Louis City's rate was 27.49 percent, St. Louis County's rate was 24.3 percent and St. Charles County's rate was 21.13 percent. For hemorrhagic stroke the state rate was 19.83 percent, while St. Louis City's rate was 26.29 percent, St. Louis County's rate 24.57 percent and St. Charles County's rate was 22.91 percent.

PROGRAM GOAL:

To promote stroke education and prevention

PROGRAM OBJECTIVE:

Participants in the stroke education will increase their knowledge level by 10 percent from pre-to-pre-test assessment.

PROGRAM ACTION PLAN:

- Continue to offer blood pressure checks and provide resources on the signs and symptoms of stroke and stroke prevention information to visitors, community and staff during Stroke Awareness month in May, annually.
 - a. Set up pre- and post-test to track improvement in knowledge level.
- Continue support of the ABC Brigade in supporting stroke survivors and aiding in stroke education and prevention by aiding with Strokes for Stroke and Stampede for Stroke.

PROGRAM OUTCOME:

Stroke prevention

PROGRAM OUTCOME MEASUREMENT:

Each participant will receive pre- and post-test at the beginning of the education session. The two results will be analyzed to determine if there is an improvement in the knowledge level. Results will be documented using an excel sheet.

Community Health Needs that Will Not be Addressed

- ACCIDENTS/INJURIES

Being an entity that is half for-profit and half non-profit and having limited resources, TRISL already provides what it can to address needs related to accidents and injuries for its targeted area. In addition, TRISL provides education to its brain injury patients on preventing a future brain injury.

- IMMUNIZATIONS/ INFECTIOUS DISEASE
- MENTAL HEALTH
- OBESITY
- RESPIRATORY DIAGNOSIS
- COGNITIVE DECLINE/DEMENTIA
- DIABETES
- HEART HEALTH
- HIGH BLOOD PRESSURE

Being an entity that is half for-profit and half nonprofit and having limited resources, we chose not to address these community health needs. We do however have financial assistance for those who cannot afford the cost of their care. We also provide information on many resources.

- DRUG ABUSE
- TOBACCO ABUSE
- VAPING
- ALCOHOL ABUSE

Being an entity that is half for-profit and half non-profit and having limited resources, TRISL already provides community resources and education related to these for its targeted area.